

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 91

Registrar's No. 65

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Gen. Hosp.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 4 hours; In Community \_\_\_\_\_; In Arizona \_\_\_\_\_  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe  
(If outside city limits also write RURAL)

(d) Street No. Blake St.,; (e) Citizen of foreign country (Yes or No) No  
(If Yes, which country)

3. (a) FULL NAME Lazo Mitrovich (b) If Veteran Not US (c) Social Security No. 527-07-7224

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Widower  
White  Indian  Negro  Oriental  White

6. (b) Name of husband or wife Milicia Mikovich Mitrovich 6. (c) Age of husband or wife No Record yrs.

7. Birthdate of deceased No Record  
(Month) (Day) (Year)

8. AGE: Years 64 Months - Days - If less than one day hrs. min.

9. Birthplace Yugo-Slavia  
(City, town or county) (State or Country)

10. Usual Occupation Miner

11. Industry or Business \_\_\_\_\_

12. Name Mitar Mitrovich  
13. Birthplace Yugo-Slavia  
(City, town or county) (State or Country)

14. Maiden Name No Record  
15. Birthplace Yugo-Slavia  
(City, town or county) (State or Country)

16. (a) Informant's own signature Robt. Ragenovich  
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe, Arizona Date 5/24/44

18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe, Arizona

19. (a) June 10-44  
(Date received Local Registrar)

(b) Medie Wandle  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 11th 1944  
TIME (Hour and minute) 1:20 PM

21. I hereby certify that I attended the deceased from May 11, 1944 to May 11, 1944  
that I last saw him alive on May 11, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cut throat suicidal hemorrhage external

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION 2 hrs.  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) suicide  
(b) Date of occurrence May 11, 1944  
(c) Where did injury occur? Globe Gila Arizona  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home  
(Specify type of place)

While at work? No (e) Means of injury Butcher knife

23. Signature Edman S. Clark, M.D.  
Address Globe, Arizona Date signed June 4, 1944