

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 94
Registrar's No. 67

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

2. Usual Residence of Deceased: (a) State Arizona (Specify whether years, months or days) (b) County Gila (c) City or Town Globe
(If outside city limits also write RURAL)

3. (a) FULL NAME Him Que (b) If Veteran name war _____ (c) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive, yrs. 1860

7. Birthdate of deceased _____ (Month) _____ (Day) _____ (Year) _____

8. AGE: Year 84 Months _____ Days _____ If less than one day hrs. _____ min. _____

9. Birthplace China
(City, town or county) (State or Country)

10. Usual Occupation Cook

11. Industry or Business _____

12. Name _____
13. Birthplace _____ (City, town or county) (State or Country)

14. Maiden Name _____
15. Birthplace _____ (City, town or county) (State or Country)

16. (a) Informant's own signature B. F. Tommie
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe (c) Date 5/19/44

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

19. (a) June 16 - 44
(Date received Local Registrar)
(b) John W. ...
(Registrar's Signature)

18 30M-100% Rag-5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 15th 1944 19... M.
TIME (Hour and minute) 6:05 AM

21. I hereby certify that I attended the deceased from May 5 1944
to May 15 1944
that I last saw h. May 14 alive on May 14 1944
and that death occurred on the date and hour stated above. 1944

Immediate cause of death Arterio-sclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) _____ (County) _____ State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Wilson D. ...
Address Maverick Date signed 9-20-44

DURATION	PHYSICIAN
<u>5 years</u>	Underline the cause to which death should be charged statistically