1356

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 88
Registrar's No. 74

1. Place of Death: (a) County Gila (b) City or Town Globe (If outside city limits also write RURAL) (c) Location 285 North Hill St. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community 44 yrs. (Specify whether years, months or days) ; In Arizona 68 yrs.
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. 285 North Hill St. ; (e) Citizen of foreign country (Yes or No) ; If Yes, which country
3. (a) FULL NAME Flora Nesbitt Tillman (b) If Veteran name war No (c) Social Security No. No

4. Sex Female
5. Race White ☐ Indian ☐ Negro ☐ Oriental ☐ White
6. (a) Single, married, widowed or divorced Widow
6. (b) Name of husband or wife C. W. Tillman, Dec
6. (c) Age of husband or wife, if alive ... yrs.
7. Birthdate of deceased July 7th 1866 (Month) (Day) (Year)
8. AGE: Years 77 Months 10 Days 29 If less than one day hrs. ... min.
9. Birthplace Lawton, Michigan (City, town or county) (State or Country)
10. Usual Occupation At Home
11. Industry or Business
Father 12. Name Wm. J. Nesbitt
Father 13. Birthplace Michigan (City, town or county) (State or Country)
Mother 14. Maiden Name Clarissa Weldon
Mother 15. Birthplace Michigan (City, town or county) (State or Country)
16. (a) Informant's own signature Clarissa Rabb
(b) Address Globe, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 6/8/44 19
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) July 5-44 (Date received Local Registrar)
(b) Irene Wamelle (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 6th 1944 19 ;
TIME (Hour and minute) 11:30 AM M.
21. I hereby certify that I attended the deceased from Jan. 15, 1944 to June 6, 1944 ;
that I last saw her alive on June 6, 1944 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial failure due to chronic myocarditis
Due to Arterio sclerosis + chronic nephritis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

DURATION
about 10 yrs.

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)
(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 T. C. Harper M. D.
Address Globe, Ariz. Date signed 6-13-44

18 30M—100% Rag—5/21/43