

1367

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 101

Registrar's No. 79

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 Stillborn; In Community Stillborn; In Arizona Stillborn
(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. Central Avenue; (e) Citizen of foreign country (Yes or No) No
If Yes, which country

3. (a) FULL NAME Baby Nunn (b) If Veteran No (c) Social Security No. No
name war

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

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

7. Birthdate of deceased June 23rd, 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
hrs. _____ min. 0

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

10. Usual Occupation _____

11. Industry or Business _____

Father { 12. Name Harold R. Nunn
13. Birthplace Kansas
(City, town or county) (State or Country)

Mother { 14. Maiden Name Helen Jessing
15. Birthplace Illinois
(City, town or county) (State or Country)

16. (a) Informant's own signature Harold R. Nunn
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Arizona Date 6/27/44

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

19. (a) _____ (Date received Local Registrar)
(b) Jane Warner (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 23rd, 1944
TIME (Hour and minute) 5:50 AM M.

21. I hereby certify that I attended the deceased from June 23, 1944
to June 23, 1944

that I ~~was~~ ~~certify~~ ~~it~~ ~~was~~ ~~a~~ ~~stillborn~~ ~~infant~~
and that death occurred on the date and hour stated above.

Immediate cause of death Intra-uterine asphyxia DURATION 12 hrs

Due to Premature Separation of the Placenta. 12 hrs

Due to _____
Other conditions Eight months fetus.

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 Adrian Clark M. D.

Address Globe, Arizona Date signed June 29, 1944