

587

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 179

Registrar's No. 113

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 748 North Broad St.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 43 Yrs.  
(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. 748 North Broad St.; (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME Donald S. McDonald (b) If Veteran name war No (c) Social Security No. No

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Mrs. Ida N. McDonald 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased March 18 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 23 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual Occupation Mining

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

12. Name Alexander McDonald

13. Birthplace No Record  
(City, town or county) (State or Country)

14. Maiden Name No Record

15. Birthplace No Record  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Ida N. McDonald

(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe, Ariz. (c) Date 10/13/44

18. (a) Embalmer's Signature Fred H. Jones

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) Nov. 16 - 44  
(Date received local Registrar)

(b) Frederic W. Truitt  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 11th 1944, 19\_\_\_\_, TIME (Hour and minute) 9:45 AM M.

21. I hereby certify that I attended the deceased from July 10, 1944 to October 11, 1944; that I last saw him alive on October 10, 1944, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION 2 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 Alvin E. Clark M. D. Address 383 S. Hill St. Date signed 10/31/44