

2232

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 550
Registrar's No. 7050

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (c) Location Pioneer Home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution About 6 Hours; In Community 4 Months; in Arizona 7 1/2 Years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yavapai; (c) City or Town Prescott
(If outside city limits also write RURAL)
(d) Street No. 342 So. Montezuma Street; (e) Citizen of foreign country (yes or No) NO
If Yes, which country _____
3. (a) FULL NAME JOSEPH NATHAN McFATE (b) If Veteran name was _____ (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Ellen McFate 6. (c) Age of husband or wife, if alive 78 yrs.
7. Birthdate of deceased January 31 1870
(Month) (Day) (Year)
8. AGE: Years 74 Months 10 Days 8 If less than one day hrs. -- min. --
9. Birthplace Kanab Utah
(City, town or county) (State or Country)
10. Usual Occupation Mining
11. Industry or Business _____
Father } 12. Name Joseph S. McFate
13. Birthplace _____ Mo.
(City, town or county) (State or Country)
Mother } 14. Maiden Name Olive Tenney
15. Birthplace _____ Mo.
(City, town or county) (State or Country)
16. (a) Informant's own signature Joseph N. McFate
(b) Address Phoenix, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Mt. View (c) Date 12/11 1944
18. (a) Embalmer's Signature C. A. Schubert
(b) Funeral Director Lester Ruffner
(c) Address Prescott, Arizona
19. (a) _____ (Date received local Registrar) Dec 19, 1944
(b) _____ (Registrar's Signature) J. H. Bassett

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 9, 1944;
TIME (Hour and minute) About 6:15 AM.
21. I hereby certify that I attended the deceased from _____
Dec 8/44, 19____ to Dec 9/44, 19____;
that I last saw him _____ alive on Dec 8/44, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Cerebral Hemorrhage
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 J. H. Bassett M. D.
Address Prescott, Ariz Date signed Dec 11/44

DURATION

6 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically