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7-21-43 D

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 78
Registrar's No. 13

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

(d) Length of Stay: In Hospital or Institution 11 hrs.; In Community 11 hrs.; in Arizona 11 hrs. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Claypool (If outside city limits also write RURAL)

(d) Street No. 12 Cottonwood; (e) Citizen of foreign country (yes or No) ; If yes, which country

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

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

6. (b) Name of husband or wife —

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

7. Birthdate of deceased Jan. (Month) 29 (Day) 1945 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	0	hrs. 12 min.

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

10. Usual Occupation —

11. Industry or Business —

Father
12. Name James Ross
13. Birthplace McCar (City, town or county) Ky. (State or Country)

Mother
14. Maiden Name June Howell
15. Birthplace Miami (City, town or county) Ariz. (State or Country)

16. (a) Informant's own signature J. W. Ross
(b) Address Claypool, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal Cem. (c) Date Feb. 1 1945

18. (a) Embalmer's Signature Frey Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.

19. (a) Feb 1 - 45 (Date received local Registrar)
(b) Irene Wamble (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 29, 1945;
TIME (Hour and minute) 10:30 M.

21. I hereby certify that I attended the deceased from Jan 29-45, 19 to Jan 29-45, 19; that I last saw her alive on Jan 29-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Paralysis — Prematurity — Due to Gestation 6½ months — Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None — Of autopsy None

DURATION	PHYSICIAN
10 hrs.	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) No
(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 Myrtle M. Moran M. D.
Address Miami Ariz. Date signed 2-2-45

20M 100% Rag 8-42 B. Co. County File No. Date Received