NO

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. /
Registrar's No. 17. 64

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

(d) Length of Stay: In Hospital or Institution 7 hours ; In Community Same ; In Arizona Same (Specify whether years, months or days)

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

(d) Street No. ; (e) Citizen of foreign country (Yes or No) If Yes which country

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

4. Sex: Male
5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ Indian
6. (a) Single, married, widowed or divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ... yrs.
7. Birthdate of deceased Feby. 6th 1945 (Month) (Day) (Year)
8. AGE: Years / Months / Days / If less than one day hrs. 7 min.
9. Birthplace Globe, Arizona (City, town or county) (State or Country)
10. Usual Occupation
11. Industry or Business

Father
12. Name Bonnie Rope
13. Birthplace Bylas, Arizona (City, town or county) (State or Country)

Mother
14. Maiden Name Lucinda Cooley
15. Birthplace Cibicue, Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature Bonnie Rope
(b) Address Bylas, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Bylas, Arizona (c) Date 2/6/45 19

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

19. (a) Feb. 6-45 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feby. 6th 1945
TIME (Hour and minute) 10:30 AM M.

21. I hereby certify that I attended the deceased from 2/6/45, 19 to 2/6/45, 19 that I last saw him alive on 2/6/45, 19 and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death: Atelectasis, Fetal	7 hrs
Due to: Cause unknown	(7 hrs)
Due to:	
Other conditions (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 [signature] M. D.
Address Globe, Ariz. Date signed 2-7-1945

15 30M—100% Rag—5/21/43