

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 65
Registrar's No. 8

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Gila (b) City or Town Claypool (c) Location Corner Broad & Oak St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 34 yrs; in Arizona 24 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Claypool
(If outside city limits also write RURAL)
(d) Street No. Corner Broad & Oak St. (e) Citizen of foreign country (yes or No) No
3. (a) FULL NAME Abraham Rumeck (b) H Veteran PH (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 Shuns Rumeck or wife, if alive 62 yrs 6. (c) Age of husband
7. Birthdate of deceased March 10 1869
(Month) (Day) (Year)
8. AGE: Years 76 Months 11 Days _____ If less than one day hrs _____ min _____
9. Birthplace Baskinta Syria
(City, town or county) (State or Country)
10. Usual Occupation Grocer
11. Industry or Business Owned Business
Father } 12. Name Rumeck Harem
13. Birthplace Baskinta Lebanon
(City, town or county) (State or Country)
Mother } 14. Maiden Name Martha Nayan
15. Birthplace Baskinta Lebanon
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs George Rumeck
(b) Address Claypool Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal Cem. (c) Date Feb 11 1945
18. (a) Embalmer's Signature J. May Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Marion Ave
19. (a) Feb 11 1945
(Date received local Registrar)
(b) George S. Grayson
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Feb 6 1945
TIME (Hour and minute) 6:00 A.M.
21. I hereby certify that I attended the deceased from Feb 1
1945 to Feb 6 1945
that I last saw him alive on Feb 5 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Arterio Sclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION
10 minutes
1 year
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 Nelson D. Grayson M. D.
Address Claypool Date signed Feb 10 1945