

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 25
Registrar's No. 25
Resd. Ice House Canyon
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Resd. Ice House Canyon
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community 57 years; In Arizona 57 years
(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. Resd. Ice House Canyon; (e) Citizen of foreign country (Yes or No) No
3. (a) FULL NAME George Washington Henderson (b) If Veteran name war No (c) Social Security No. No

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Married
7. Birthdate of deceased March 26th 1869
8. AGE: Years 75 Months 10 Days 17 If less than one day hrs. min.
9. Birthplace Little Rock, Arkansas
(City, town or county) (State or Country)
10. Usual Occupation Cattle Rancher, retired
11. Industry or Business _____
12. Name John Henderson
13. Birthplace Tenn.
(City, town or county) (State or Country)
14. Maiden Name Dinah Elizabeth Johns
15. Birthplace Missouri
(City, town or county) (State or Country)
16. (a) Informant's own signature Howard Henderson
(b) Address Box 265, Miami, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal Cem. Globe, Ariz.
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) March 10 - 45
(Date received Local Registrar)
(b) Jane Wauville
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 13th 1945
TIME (Hour and minute) 9:30 AM M.
21. I hereby certify that I attended the deceased after death
Feb. 13, 1945 to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death CORONARY THROMBOSIS
Due to _____
Due to _____
Other conditions Coronary atherosclerosis
(Include pregnancy within _____ 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 Alexander J. Bosse M. D.
Address Seattle Ariz. Date signed March 9, 1945

DURATION
5 min.
several years
PHYSICIAN
Underline the cause to which death should be charged statistically