

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

76

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

Registrar's No. 23

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 599 South Broad St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 47 years; In Arizona 47 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. 599 South Broad St.; (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____
3. (a) FULL NAME Frances J. McCormack (b) If Veteran name war No (c) Social Security No. No

4. Sex Female 5. Race White 6. (a) Single, married, widowed or divorced Married
White Indian Negro Oriental White

6. (b) Name of husband or James F. McCormack 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased June 29th 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 16 If less than one day hrs. _____ min. _____

9. Birthplace Orange County, California
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business _____

Father { 12. Name Green
13. Birthplace No Record
(City, town or county) (State or Country)

Mother { 14. Maiden Name No Record
15. Birthplace No Record
(City, town or county) (State or Country)

16. (a) Informant's own signature Jas. F. McCormack
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 2/27/45

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) James W. [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 15th 1945
TIME (Hour and minute) 5:40 AM M.

21. I hereby certify that I attended the deceased from Nov. 15, 1944 to Feb. 15, 1945
that I last saw her alive on Feb. 15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Due to arterio-sclerosis and chronic nephritis
Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

DURATION about one year
about 15 yrs.
20 yrs.
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 T. S. Harper M. D.
Address Globe, Ariz. Date signed 2-20-45