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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. 21

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

(d) Length of Stay: In Hospital or Institution 7 wks; In Community 33 yrs; in Arizona 43 yrs
(Specify whether years, months or days)

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

(d) Street No. 411 Westworth Ave. (e) Citizen of foreign country (yes or No) No
If Yes, which country _____

3. (a) FULL NAME Errett Hunter McEachern (b) If Veteran name was Errett Hunter (c) Social Security No. 226-07-9240

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

6. (b) Name of husband Joseph Paul McEachern 6. (c) Age of husband 66 yrs.
or wife, if alive.

7. Birthdate of deceased June 10 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 23
If less than one day hrs. min.

9. Birthplace Antigonish, Nova Scotia, Can.
(City, town or county) (State or Country)

10. Usual Occupation Real Estate Agent

11. Industry or Business Ins. Con. Co.

Father } 12. Name Unknown
13. Birthplace _____
(City, town or county) (State or Country)

Mother } 14. Maiden Name Unknown
15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature John H. McEachern

(b) Address U.S. Navy

17. (a) Burial, Cremation or Removal Burial

(b) Place Final Cem (c) Date Mar 7 1945

18. (a) Embalmer's Signature J. Neg. Miller Jr.

(b) Funeral Director Miller Mortuary

(c) Address Miami Ariz.

19. (a) Mar 7 1945
(Date received local Registrar)

(b) Herbert Bayliss
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 3, 1945;
TIME (Hour and minute) 7:00 A. M.

21. I hereby certify that I attended the deceased from 1-11-45
to March 3-45 1945;
that I last saw him alive on March 3-45, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Chronic Hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

| DURATION | |
|--------------------------------------------------------------------|----------------|
| since | <u>1-11-45</u> |
| ago | <u>3 yrs</u> |
| 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? _____ Means of injury _____

23. Signature Errett Hunter M. D.
Address U.S. Navy Date signed 3-6-45