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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. 45

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Co. Hosp.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 0; In Community 0; in Arizona 0  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Chaparral  
(If outside city limits also write RURAL)  
(d) Street No. Broad St. (e) Citizen of foreign country (yes or No) No  
3. (a) FULL NAME Baby Popper (b) If Veteran name was 157A Social Security No. none

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced \_\_\_\_\_  
6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased Mar. 25 1945  
(Month) (Day) (Year)  
8. AGE: Years 0 Months 0 Days 0 If less than one day hrs. 15 min. 15  
9. Birthplace Globe Ariz.  
(City, town or county) (State or Country)  
10. Usual Occupation Infant  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name Spencer Coley Popper  
13. Birthplace Liberty S. Franklin  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Phyllis Van Slyck  
15. Birthplace Seattle Washington  
(City, town or county) (State or Country)  
16. (a) Informant's own signature Mrs. M.E. Howell  
(b) Address Chaparral, Ariz.  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Final Cer. (c) Date Mar 25 1945  
18. (a) Embalmer's Signature J. May Miles Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz.  
19. (a) April 17 1945  
(Date received local Registrar)  
(b) Inez Wauselle  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) March 25, 1945;  
TIME (Hour and minute) 6:00 - 9 M.  
21. I hereby certify that I attended the deceased from 5:00 am. March 25  
1945, 19\_\_\_\_ to 6 am 3-25 1945;  
that I last saw her on March 25 - 45, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Respiratory Paralysis  
Due to Spina Bifida & absence of Dorsal Vertebrae  
Due to Internal Hydrocephalus  
Club feet  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) M  
(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 Byrd M. Cron M. D.  
Address Phoenix Ariz Date signed 3-27-45

DURATION 1 hr - 14  
PHYSICIAN Underline the cause to which death should be charged statistically