

1324

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 178

Registrar's No. 36

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

(d) Length of Stay: In Hospital or Institution 7 hours; In Community 5 weeks; in Arizona 5 weeks  
(Specify whether years, months or days)

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

(d) Street No. 555 East Gorkard; (e) Citizen of foreign country (yes or No) no

3. (a) FULL NAME Eileen Mc Manus (b) H Veteran no (c) Social Security No. none

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

6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife, if alive yr.

7. Birthdate of deceased March 15 1944  
(Month) (Day) (Year)

8. AGE: Years 1 Months 1 Days 26 If less than one day hrs. min.

9. Birthplace Philadelphia Pennsylvania  
(City, town or county) (State or Country)

10. Usual Occupation —

11. Industry or Business —

12. Name J. Allen Mc Manus

13. Birthplace Philadelphia Penn.  
(City, town or county) (State or Country)

14. Maiden Name Mary B. Henderson

15. Birthplace Philadelphia Penn.  
(City, town or county) (State or Country)

16. (a) Informant's own signature J. Allen Mc Manus  
(b) Address Philadelphia Penna.

17. (a) Birth, Emigration or Removal Removal  
(b) Place Philadelphia Pa. (c) Date 4-16 1945

18. (a) Embalmer's Signature J. Mey Miles Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Globe Ariz

19. (a) April 17 - 45  
(Date received local Registrar)

(b) Drene Wausche  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Apr. 18 1945  
TIME (Hour and minute) 9 P. M.

21. I hereby certify that I attended the deceased from Apr. 9 1945 to Apr. 11 1945  
that I last saw him alive on Apr. 11 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Streptococci Infection throat

Due to also pulmonary tuberculosis

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

DURATION 3 days  
about 6 mo.  
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 J.C. Harper M. D.  
Address Globe, Ariz. Date signed 4-18-45