

1326

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 80

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 990 Monroe St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community Life; in Arizona Life
(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. 990 Monroe St.; (e) Citizen of foreign country (yes or No) _____

3. (a) FULL NAME Lanamay Melton (b) If Veteran name war No (c) Social Security No. No

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

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

7. Birthdate of deceased May 29th 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 18 hrs. min.

9. Birthplace Globe, Arizona
(City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business _____

12. Name Lemuel Miller Melton

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

14. Maiden Name Ernestine Hatman

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

16. (a) Informant's own signature Orveta Melton
(b) Address 990 Monroe, Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 4/31/45

18. (a) Embalmer's Signature Shed Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) May 2-45
(Date received local Registrar)

(b) James Wampler
(Registrar's Signature)

20M 100% Rag 8-42 B. Co.

County File No. _____

Date Received _____

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 17th 1945
TIME (Hour and minute) 12:00 PM

21. I hereby certify that I attended the deceased from April 17
1945 to April 17, 1945
that I last saw her alive on April 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis with Cardiac Collapse

Due to Pertussis

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

Major findings: _____
Of operations _____

Of autopsy _____

DURATION 1 hr.

14 days

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 Alvan E. Clark M. D.
Address Globe, Arizona Date signed 4/26/45