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Brayton

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **80**
Registrar's No. **43**

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

(d) Length of Stay: In Hospital or Institution **1 day**; In Community **1 month**; In Arizona **Same**
(Specify whether years, months or days)

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

(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____

3. (a) FULL NAME **William G. Ragsdale** (b) If Veteran name war _____ (c) Social Security No. **277-01-4288**

4. Sex **Male** 5. 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 **December 9th 1901**
(Month) (Day) (Year)

8. AGE: Years **43** Months **5** Days **15** If less than one day hrs. _____ min. _____

9. Birthplace **No record Ohio**
(City, town or county) (State or Country)

10. Usual Occupation **Salesman**

11. Industry or Business _____

12. Name **No Record**

13. Birthplace **No Record**
(City, town or county) (State or Country)

14. Maiden Name **No Record**

15. Birthplace **No Record**
(City, town or county) (State or Country)

16. (a) Informant's own signature **Inf. Gila Gen. Hosp**

(b) Address **Globe, Arizona**

17. (a) Burial, Cremation or Removal **Removal**

(b) Place **Middletown, Ohio** Date **5/26/45**

18. (a) Embalmer's Signature **Fred H. Jones**

(b) Funeral Director **Fred H. Jones**

(c) Address **Globe, Arizona**

19. (a) **May 25-45**
(Date received Local Registrar)

(b) **James Walker**
(Registrar's Signature)

18 30M-100% Rag-5/21/48 (Over)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **May 24th 1945**, 19____; TIME (Hour and minute) **2:30 PM** M.

21. I hereby certify that I attended the deceased **SW**
May 24, 19**45** to **May 24**, 19**45**;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Broncho Pneumonia

Due to **Pulmonary Tuberculosis**

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 **Alison D. Brayton** M. D. Address **Miami Azona** Date signed **May 25 1945**

DURATION **2 days**
PHYSICIAN **as from**
Underline the cause to which death should be charged statistically