

1922

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

83

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____
Registrar's No. J

1. Place of Death: (a) County Gila (b) City or Town Hayden (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 7 years; In Arizona Life - 7 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Gila; (c) City or Town Hayden
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (c) Social Security No. _____

3. (a) FULL NAME Georgie Lee McGovern (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex M 5. Race White Indian Negro Oriental White 6. (a) Single, married, widowed or divorced Child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Dec. 4, 1937
(Month) (Day) (Year)
8. AGE: Years 7 Months 5 Days 24 If less than one day hrs. _____ min. _____

9. Birthplace Hayden, Gila, Ariz
(City, town or county) (State or Country)

10. Usual Occupation None
11. Industry or Business _____

12. Name Nathan McGovern Jr
13. Birthplace Becketville Tex
(City, town or county) (State or Country)

14. Maiden Name Katy Anderson
15. Birthplace Tex
(City, town or county) (State or Country)

16. (a) Informant's own signature [Signature]
(b) Address Hayden Ariz.

17. (a) Burial, Cremation or Removal Winkelman
(b) Place Winkelman (a) Date May 30, 1945

18. (a) Embalmer's Signature [Signature]
(b) Funeral Director [Signature]
(c) Address Winkelman Ariz

19. (a) May 29, 1945
(Date received Local Registrar)
(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 28, 19 45
TIME (Hour and minute) 2 P M

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Submersion (Drowning)

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

DURATION
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) Accidental drowning

(b) Date of occurrence May 28, 45

(c) Where did injury occur? Hayden, Ariz
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place
(Specify type of place)

While at work? [Signature] (e) Means of injury _____

23. Signature [Signature]
Address Ray Arizona Date signed 5/28/45 M. P.