

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 73
Registrar's No. 58

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 Same; In Arizona Life
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Graham; (c) City or Town Bylas
(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 Susie Preston (b) If Veteran name war No Social Security No. No

4. Sex Female 5. Race Indian 6. (a) Single, married, widowed or divorced Widow
White Indian Negro
Oriental Indian
6. (b) Name of husband or wife George Preston 6. (c) Age of husband or wife, if alive 1891 yrs.
7. Birthdate of deceased (Month) (Day) (Year)
8. AGE: Years 54 Months _____ Days _____ If less than one day hrs. _____ min. _____
9. Birthplace Bylas, Arizona (City, town or county) (State or Country)
10. Usual Occupation At Home
11. Industry or Business _____
12. Name _____
13. Birthplace (City, town or county) (State or Country)
14. Maiden Name _____
15. Birthplace (City, town or county) (State or Country)

16. (a) Informant's own signature Supt. E. R. McCray
(b) Address San Carlos, Arizona
17. (a) Burial, Cremation or Removal removal
(b) Place Bylas, Ariz. Date 7/5/45
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) July 24-45 (Date received Local Registrar)
(b) J. W. Wauson (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) July 4th 1945
TIME (Hour and minute) 4:10 PM M.
21. I hereby certify that I attended the deceased from July 3
1945 to July 4 1945
that I last saw h ER alive on July 4 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Acute bowel obstruction
Due to undetermined
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION
3 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 Alexander J. Boase M. D.
Address Globe, Ariz. Date signed July 24, 1945