

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **76**

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 **45 days**; In Community **72 years**; In Arizona **72 years**
(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. **Kinney Park** (e) Citizen of foreign country (Yes or No)

3. (a) FULL NAME **James Diton Meyers** (b) If Veteran name war **No** (c) Social Security No. **No**

4. Sex **Male** 5. Race **White** 6. (a) Single, married, widowed or divorced **Widower**
White Indian Negro Oriental **White**

6. (b) Name of husband or wife **Rhoda Eleanor Meyers** 6. (c) Age of husband or wife, if alive **45** yrs.

7. Birthdate of deceased **July 15th 1853**
(Month) (Day) (Year)

8. AGE: Years **91** Months **11** Days **22** If less than one day hrs. min.

9. Birthplace **Cook County, Illinois**
(City, town or county) (State or Country)

10. Usual Occupation **Carpenter, Retired**

11. Industry or Business

12. Name **Phillip Meyers**
Father

13. Birthplace **Strothburg, France**
(City, town or county) (State or Country)

14. Maiden Name **Nancy Plummer**
Mother

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

16. (a) Informant's own signature **C. E. Westervelt** (Nephew)
(b) Address **Bakersfield, California**

17. (a) Burial, Cremation or Removal **Burial**
(b) Place **Globe, Ariz.** Date **7/10/45**

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

19. (a) **July 12 1945**
(Date received; Local Registrar)
(b) **Jesse Wanslee**
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **July 7th 1945**
TIME (Hour and minute) **12:00 PM Noon** M.

21. I hereby certify that I attended the deceased from **July 1 1945** to **July 7 1945**
that I last saw him alive on **July 7 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Pneumonia**
Due to **Fracture of hip**
Due to **Extreme old age**

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 **[Signature]** M. D.
Address **[Signature]** Date signed **7/11/45**

DURATION **4 days**

PHYSICIAN Underline the cause to which death should be charged statistically