

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **99**

Registrar's No. **75**

1. Place of Death: (a) County **Gila** (b) City or Town **Globe** (c) Location **600 Blake St.**
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community **39 years**; In Arizona **39 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. **600 Blake St.**; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. **526-05-0784**

3. (a) FULL NAME **William ("Bill") Redix** (b) If Veteran name war **No** (c) Social Security No. **526-05-0784**

4. Sex **Male** 5. Race **Negro** 6. (a) Single, married, widowed or divorced **Married**

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

7. Birthdate of deceased **August 6th 1888**
(Month) (Day) (Year)

8. AGE: Years **57** Months **0** Days **12** hrs. _____ min. _____
If less than one day

9. Birthplace **Mineola, Texas**
(City, town or county) (State or Country)

10. Usual Occupation **Bar Tender**

11. Industry or Business _____

12. Name **George Redix** **Texas.**

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

14. Maiden Name **Rose Clemons** **Texas.**

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

16. (a) Informant's own signature **Alberta Redix**

(b) Address **Globe, Arizona**

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

(b) Place **Globe, Ariz.** (c) Date **8/23/45**

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

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

(c) Address **Globe, Arizona**

19. (a) **Sept 3 - 45** (Date received Local Registrar)

(b) **Travis Wauwiler** (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **August 18 1945**
TIME (Hour and minute) **7:10 PM** M.

21. I hereby certify that I attended the deceased from **June**
19 **44** to **Aug 18**, 19 **45**
that I last saw him alive on **Aug 16**, 19 **45**

and that death occurred on the date and hour stated above.

Immediate cause of death **General Carcinomatosis**
Due to **Carcinoma of prostate**

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? _____ (Specify type of place) _____
23. Signature **Travis Wauwiler** M. D.
Address **Globe, Ariz.** Date signed **Sept 1, 1945**

DURATION
2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically