

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **101**

Registrar's No. **76**

1. Place of Death: (a) County **Gila** (b) City or Town **Globe** (c) Location **Gila General Hospital**
(d) Length of Stay: In Hospital or Institution **most of the time from May 1944 till death** (Specify whether years, months or days) **41 years**; In Arizona **46 years**
2. Usual Residence of Deceased: (a) State **Arizona**; (b) County **Gila**; (c) City or Town **Globe**
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____
3. (a) FULL NAME **Bertha Wyant Parks** (b) If Veteran name war **No** (c) Social Security No. **No**

4. Sex **Female** 5. Race **White** 6. (a) Single, married, widowed or divorced **Widow**
6. (b) Name of husband or wife **John D. Parks** 6. (c) Age of husband or wife, if alive **Dec.** yrs.
7. Birthdate of deceased **May 29 1891**
8. AGE: Years **54** Months **2** Days **27** If less than one day hrs. min.
9. Birthplace **Arkansas City, Kansas**
(City, town or county) (State or Country)

10. Usual Occupation **At Home**
11. Industry or Business _____
12. Name **David N. Wyant**
13. Birthplace **Boone County, Indiana**
(City, town or county) (State or Country)
14. Maiden Name **Dora Catherine Martin**
15. Birthplace **Indiana**
(City, town or county) (State or Country)

16. (a) Informant's own signature **Chester A. Wyant**
(b) Address **Globe, Arizona**

17. (a) Burial, Cremation or Removal **Burial**
(b) Place **Globe, Ariz.** (c) Date **8/29/45**
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) **Jane Wauson**
(Registrar's Signature)

16-30M-100% Rag-5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **August 26th 1945**
TIME (Hour and minute) **10:15 AM** M.

21. I hereby certify that I attended the deceased from **Camp 1**
19 **45** to **Aug 26** 19 **45**
that I last saw him alive on **Aug 26** 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death **General Peritonitis 5yo**
Due to _____
Due to _____
Other conditions **trypanosomiasis**
(Include pregnancy within 3 months of death) **10 days**
Major findings: **distended**
Of operations _____
Of autopsy _____
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 **James D. Gray**
Address **Miami** Date signed **Aug 28 1945**