

2471

MARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SOCIAL SECURITY NO.
Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 72
Registered No. _____

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Gila State ARIZONA
Township _____ or Village _____
City San Carlos No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Ernest Ross McCray How long in State when death occurred? 33 yrs. _____ mos. _____ ds.
(a) Residence: San Carlos, Arizona (Usual place of abode) (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>Nov 21, 1945</u>	
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Mary Pearl McCray</u>		6. DATE OF BIRTH (month, day, and year) <u>July 11, 1888</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 21</u> , 19 <u>45</u> , to <u>Nov. 21</u> , 19 <u>45</u> I last saw him alive on <u>Nov. 21</u> , 19 <u>45</u> , death is said to have occurred on the date stated above, at <u>9:00 p.m.</u> The principal cause of death and related causes of importance were as follows:	
7. AGE Years <u>57</u> Months <u>4</u> Days <u>10</u> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Administrator</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Indian Service</u>		Date of Onset <u>11-21-45</u>
10. Date deceased last worked at this occupation (month and year) <u>Nov. 21, 1945</u>		11. Total time (years) spent in this occupation <u>30</u>			
12. BIRTHPLACE (city or town) (State or Country) <u>Concord Township Pa.</u>		13. NAME <u>Grant S. McCray</u>		Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____	
14. BIRTHPLACE (city or town) (State or Country) <u>Concord Township Pa.</u>		15. MAIDEN NAME <u>Addie Roberts</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place _____ Manner of injury _____ Nature of injury _____	
16. BIRTHPLACE (city or town) (State or Country) <u>Concord Township Pa.</u>		17. INFORMANT <u>Lionel G. McCray</u> (Address) <u>Boulder City, Nevada</u>		24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
18. BURIAL, CREMATION REMOVAL Place <u>Phoenix, Arizona</u> Date <u>Nov. 24 1945</u>		19. EMBALMER { License No. <u>18-A</u> Signature _____		(Signed) <u>R. W. Coyle, Jr.</u> , M.D., M.D. (Address) <u>San Carlos, Arizona</u>	
FUNERAL DIRECTOR Address <u>Globe, Arizona</u>		20. Filed <u>Nov. 23</u> , 19 <u>45</u> <u>R. W. Coyle, Jr.</u> Registrar			