

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 112

Registrar's No. 80

1. Place of Death: (a) County Sila (b) City or Town Claypool (c) Location Broadway
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 24 yrs; In Arizona 24 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz; (b) County Sila (c) City or Town Claypool
(If outside city limits also write RURAL)

(d) Street No. Broadway; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (f) Social Security No. 526-07-4532

3. (a) FULL NAME Charles Pierce McSinnis (b) If Veteran name war none

4. Sex Male 5. Race White Indian Negro Oriental

6. (a) Single, married, widowed or divorced Single

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

7. Birthdate of deceased June 9 1889
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 22 If less than one day hrs. _____ min. _____

9. Birthplace Mitchburg Kentucky
(City, town or county) (State or Country)

10. Usual Occupation Pump Operator

11. Industry or Business Miami Cop. Co.

12. Name Patrick McSinnis

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

14. Maiden Name Frances Wells

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

16. (a) Informant's own signature G. B. Hodson
(b) Address McNally Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Final Cem. (c) Date Jan 3 1946

18. (a) Embalmer's Signature Wm. J. Miles
(b) Funeral Director Wm. J. Miles
(c) Address Miami Ariz.

19. (a) January 15, 1946
(Date received Local Registrar)

(b) Sheila W. Grayson
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 31, 1945
TIME (Hour and minute) 7:15 a. M.

21. I hereby certify that I attended the deceased from Dec 16 - 45
_____, 1945 to Dec 31, 1945
that I last saw him alive on Dec 30, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure

Due to Myocarditis, etc.

Due to _____

Other conditions (Include pregnancy within three 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 Russell M. Vance M. D.
Address Miami Date signed Jan 2/46

DURATION

2 da

2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically