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STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. \_\_\_\_\_  
Registrar's No. 2

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 about 5 days; In Community 5 days; In Arizona 5 days  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State California; (b) County Los Angeles; (c) City or Town Lynwood  
(If outside city limits also write RURAL)  
(d) Street No. 3046 Lynwood Road; (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_  
3. (a) FULL NAME Gladys Philpott (b) If Veteran name war No (c) Social Security No. 463-14-9390

4. Sex Female 5. Race White 6. (a) Single, married, widowed or divorced Single  
White  Indian  Negro  Oriental  White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased October 20th 1921  
(Month) (Day) (Year)  
8. AGE: Years 24 Months 2 Days 13 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Marlin, Texas  
(City, town or county) (State or Country)  
10. Usual Occupation Court Reporter  
11. Industry or Business U. S. Navy Dept.  
Father { 12. Name Towney Hix Philpott  
13. Birthplace Coffee County, Tenn.  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Edna Pearl Stiles  
15. Birthplace Trinidad, Colorado  
(City, town or county) (State or Country)  
16. (a) Informant's own signature Leland E. Lewis  
(b) Address 3046 Lynwood Road, Lynwood, Calif.

17. (a) Burial, Cremation or Removal Removal  
(b) Place Albuquerque, N.M. 1/5/46  
18. (a) Embalmer's Signature Robert E. Fitzguald  
(b) Funeral Director Fred H. Jones  
(c) Address Globe, Arizona  
19. (a) Jan. 5 - 46  
(Date received Local Registrar)  
(b) Irma Wauwelle  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) Jany. 3rd. 1946  
TIME (Hour and minute) 11:35 PM M.  
21. I hereby certify that I attended the deceased from Dec. 29, 1945 to Jan. 3, 1946  
that I last saw her alive on Jan 3, 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Acute Encephalitis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION  
One week  
4 years  
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 J. S. Harper M. D.  
Address Globe, Ariz. Date signed 1-4-46