

4522

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

75

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_

Registrar's No. 14

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

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 40 years; In Arizona 41 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. Tremont Blvd.; (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME William H. Maher (b) If Veteran name war No (c) Social Security No. No

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

6. (b) Name of husband or wife Jennie Maher 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased April 22nd, 1865  
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 11 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace La Salle, Illinois  
(City, town or county) (State or Country)

10. Usual Occupation Restaurant Owner, retired

11. Industry or Business \_\_\_\_\_

Further } 12. Name William Maher  
13. Birthplace Ireland  
(City, town or county) (State or Country)

Mother } 14. Maiden Name Mary O'Mara  
15. Birthplace Ireland  
(City, town or county) (State or Country)

16. (a) Informant's own signature Eddie Maher  
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe, Arizona Date 2/10/46 19. \_\_\_\_\_

18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe, Arizona

19. (a) Feb. 15 1946  
(Date received Local Registrar)  
(b) Jimmie Wauson  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 3rd, 1946  
TIME (Hour and minute) 7:10 AM M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_

and that death occurred on the date and hour stated above.  
Immediate cause of death Natural causes

Due to \_\_\_\_\_

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? no (e) Means of injury natural causes

23. Signature [Signature] Coroner [Signature]  
Address Box 811 Globe, Ariz Date signed 2-15-46

DURATION  
PHYSICIAN  
Underline the cause to which death should be charged statistically