

7531

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 84
Registrar's No. _____

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location Miami-Insp. Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 10 days; In Community 2 years; In Arizona 17 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. _____; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____
3. (a) FULL NAME Estella Payne (b) If Veteran name war No (c) Social Security No. No

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

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

7. Birthdate of deceased Sept. 8th 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 1 If less than one day hrs. _____ min. _____

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

10. Usual Occupation At Home

11. Industry or Business _____

Father { 12. Name Lewis Hill
13. Birthplace Carmi, Illinois
(City, town or county) (State or Country)

Mother { 14. Maiden Name Hester Baker
15. Birthplace Carmi, Illinois
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Marie Carnell
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Arizona (c) Date 2/23/46

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

19. (a) Feb 20, 1946 (Date received) (b) Estella Payne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 9th 1946
TIME (Hour and minute) 7:57 AM

21. I hereby certify that I attended the deceased from 2-1-46 to 2-9-46, 1946
that I last saw h. live alive on 2-9-46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to hypertension
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION 8 days
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 fall
23. Signature J. H. Jones Date signed 2-15-46
Address Miami