

4543

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. 2596

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 266 Santee St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 5 years; In Arizona 40 yrs.
(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. 266 Santee St. (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____
3. (a) FULL NAME Stephen William McComas (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 Elizabeth Jane McComas 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Nov. 16th 1867
(Month) (Day) (Year)
8. AGE: Years 78 Months 3 Days 6 If less than one day
hrs. _____ min. _____
9. Birthplace Fort Worth, Texas
(City, town or county) (State or Country)

10. Usual Occupation Cattleman-retired
11. Industry or Business _____
Father { 12. Name John Thomas McComas
13. Birthplace Texas
(City, town or county) (State or Country)
Mother { 14. Maiden Name Millicia Jane Newberry
15. Birthplace Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature Myrtle Barfield
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 2/25/46

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

19. (a) March 15-46
(Date received Local Registrar)
(b) J. W. ...
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 22nd. 1946 :
TIME (Hour and minute) 12:20 AM M.
21. I hereby certify that I attended the deceased from Feb. 10
1946 to Feb. 21 1946;
that I last saw him alive on Feb. 21 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular
Due to _____
Due to _____
Other conditions Residing pneumonia
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION few hours
3 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 _____

23. Signature Allyande J. Bone M. D.
Address Globe Ariz Date signed 3.1.46