

2163

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 80
Registrar's No. 22

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 17 days; In Community 47 years; In Arizona Same
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Central Heights
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. 526-12-8624
(b) If Veteran name war No

3. (a) FULL NAME Elmer Noah Powers
4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Catherine Powers 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Nov. 5th 1890
(Month) (Day) (Year)
8. AGE: Years 55 Months 3 Days 26 hrs. _____ min. _____
9. Birthplace Stonewall, Oklahoma
(City, town or county) (State or Country)
10. Usual Occupation Laborer
11. Industry or Business _____

12. Name James Noah Powers
13. Birthplace Missouri (City, town or county) (State or Country)
14. Maiden Name Sarah Brooks
15. Birthplace Arkansas (City, town or county) (State or Country)

16. (a) Informant's own signature Catherine Powers
(b) Address Central Heights, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (City or Town) (County) (State)

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

19. (a) April 3 - 46 (Date received Local Registrar)
(b) John W. Hancie (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 1st 1946
TIME (Hour and minute) 9:00 AM M.
21. I hereby certify that I attended the deceased from March 1st 1946
Feb 28 46 to March 1st 1946
that I last saw him alive on Feb 28 1946

and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Pulmonary Tuberculosis (Consumption)
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION 15 yrs
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? _____ (Specify type of place)
23. Signature [Signature] Date signed 3/20/46
Address Globe