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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No. 102  
Registrar's No. 41

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Kinney Park  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 29 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 Globe  
(If outside city limits also write RURAL)  
(d) Street No. Kinney Park; (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_  
3. (a) FULL NAME Charles Papke (b) If Veteran name war No (c) Social Security No. No

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive, yrs. \_\_\_\_\_

7. Birthdate of deceased Oct. 7th 1876  
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 20 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

9. Birthplace Wyandotte, Michigan  
(City, town or county) (State or Country)

10. Usual Occupation Laborer

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

Father { 12. Name Ernest Papke  
13. Birthplace No record (City, town or county) (State or Country)

Mother { 14. Maiden Name Lina Bull  
15. Birthplace No record (City, town or county) (State or Country)

16. (a) Informant's own signature S. S. Records  
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe, Arizona Date 4/2/46 1946

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) James W. Wavelle (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 26th 1946  
TIME (Hour and minute) Probably forenoon M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_  
to \_\_\_\_\_, 19\_\_\_\_

that I last saw him alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

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

Other conditions (Include pregnancy within three 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) Suicide  
(b) Date of occurrence March 26, 1946

(c) Where did injury occur? Globe Gila Arizona  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)

While at work? no (e) Means of injury Strangulation  
23. Signature White Coroner  
Address Box 811 Globe Date signed 3-30-46  
Arizona

DURATION

  

PHYSICIAN
Underline the cause to which death should be charged statistically