

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

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

Registrar's No. 10

1. Place of Death: (a) County Gila (b) City or Town Rural (c) Location Pinal Mts 10 miles S of Globe  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community \_\_\_\_\_; In Arizona \_\_\_\_\_  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Rural  
(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. \_\_\_\_\_

3. (a) FULL NAME Andy Prehaice (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

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

7. Birthdate of deceased (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

8. AGE: Years about 55 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Yugo Slavia (City, town or county) \_\_\_\_\_ (State or Country) \_\_\_\_\_

10. Usual Occupation Miner

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

12. Name Unknown

13. Birthplace Unknown (City, town or county) \_\_\_\_\_ (State or Country) \_\_\_\_\_

14. Maiden Name Unknown

15. Birthplace Unknown (City, town or county) \_\_\_\_\_ (State or Country) \_\_\_\_\_

16. (a) Informant's own signature Clyde Shult  
(b) Address Globe Ariz

17. (a) Burial, Cremation or Removal Burial  
(b) Place Pinal Mts (c) Date 2-12-1947

18. (a) Embalmer's Signature J. May Miles Jr.  
(b) Funeral Director J. May Miles Jr.  
(c) Address Globe Ariz

19. (a) Feb. 13 - 47 (Date received local Registrar)  
(b) Doree Wraslee (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April, 1946, TIME (Hour and minute) \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Natural Causes

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

Other conditions (Include pregnancy within three months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION

\_\_\_\_\_

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 April 1946  
(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? Home (Specify type of place)

While at work? No (e) Means of injury \_\_\_\_\_

23. Signature Clyde Shult, Coroner M.D.  
Address Box 511 Globe, Ariz Date signed 2-13-47