

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. 46

West Bailey St.,
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location _____
(If outside city limits also write RURAL)
(Specify whether years, months or days) : In Community about 24 yrs.; In Arizona Same
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. West Bailey St. (e) Citizen of foreign country (Yes or No) No
If Yes, which country China U.S. (c) Social Security No. None
(b) If Veteran name war No

3. (a) FULL NAME Chun Wan On
4. Sex Male 5. Race Chinese 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife ? 6. (c) Age of husband or wife, if alive ? yrs.
7. Birthdate of deceased: (Month) _____ (Day) _____ (Year) _____
8. AGE: Years 51 Months _____ Days _____ hrs. _____ min. _____
9. Birthplace: (City, town or county) _____ (State or Country) China
10. Usual Occupation Cook
11. Industry or Business _____
12. Name No record United States
13. Birthplace (City, town or county) _____ (State or Country) _____
14. Maiden Name No record No record
15. Birthplace (City, town or county) _____ (State or Country) _____

16. (a) Informant's own signature Wong Ho
(b) Address Globe, Arizona
17. (a) Burial, Cremation or Removal removal
(b) Place San Francisco Calif. (c) Date _____ 19____
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) _____ Date received Local Registrar _____
(b) J. H. Hanner (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 7th 1946 :
TIME (Hour and minute) Died night of 5th April ? M.
21. I hereby certify that I attended the deceased from _____ 19. 46 to Apr 6 1946 :
that I last saw him alive on Apr 1st 1946 :

and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis
Due to Pneumonia
Due to _____
Other conditions (Include pregnancy within 3 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 _____
(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 Globe Ariz Date signed 4/10/46 M. D.