

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 32

1. Place of Death: (a) County Gila (b) City or Town Claypool (c) Location 28 Oak St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 19 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 Claypool
(If outside city limits also write RURAL)

(d) Street No. 28 Oak St.; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. 526-07-0240

3. (a) FULL NAME Aubrey Joe Ritchie (b) If Veteran name war No

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Married
White Indian Negro Oriental White 6. (c) Age of husband _____

6. (b) Name of husband or wife Ruby Jane Ritchie or wife, if alive _____ yrs.

7. Birthdate of deceased Feb. 8th 1907
(Month) (Day) (Year)

8. AGE: Years 39 Months 2 Days 1 hrs. _____ min. _____
If less than one day

9. Birthplace Goldthwaite, Texas
(City, town or county) (State or Country)

10. Usual Occupation Stationary Engineer

11. Industry or Business _____

Father { 12. Name Joseph Martin Ritchie
13. Birthplace Texas
(City, town or county) (State or Country)

Mother { 14. Maiden Name Nettie Josephine Carroll
15. Birthplace Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature Ruby Jane Ritchie
(b) Address 28 Oak St., Claypool, Ariz.

17. (a) Burial, Cremation or Removal removal
(b) Place Globe, Ariz. (c) Date 4/14/46

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) Philip D. Brayner (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 9th 1946 M.
TIME (Hour and minute) 8:30 PM

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw h. _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Gun-shot wound in chest

Due to _____

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) Suicide

(b) Date of occurrence 4-9-46

(c) Where did injury occur? Miami Gila Ariz.
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - 28 Oak St.
(Specify type of place)

(e) Means of injury 38 calibre gun

While at work? _____

23. Signature M. E. Burgess M. D.
Address Miami Date signed 4-15-46