9224

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 58
Registrar's No. 50

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

(d) Length of Stay: In Hospital or Institution 3 days; In Community 3 wks (Specify whether years, months or days); In Arizona 8 yrs

2. Usual Residence of Deceased: (a) State Arizona; (b) County Apache Co; (c) City or Town St Johns (If outside city limits also write RURAL)

(d) Street No. ✓; (e) Citizen of foreign country (Yes or No) No
If Yes, which country

3. (a) FULL NAME Gary Le Roy Overson (b) If Veteran name war (c) Social Security No. None

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

7. Birthdate of deceased March (Month) 7 (Day) 1938 (Year)

8. AGE: Years 8 Months 3 Days 18 If less than one day hrs. ..... min. .....

9. Birthplace St Johns (City, town or county) Ariz (State or Country)

10. Usual Occupation Child

11. Industry or Business

Father
12. Name Alvin Le Roy Overson
13. Birthplace St Johns (City, town or county) Arizona (State or Country)

Mother
14. Maiden Name Jaunita Chark
15. Birthplace Young (City, town or county) Arizona (State or Country)

16. (a) Informant's own signature Alvin Le Roy Overson
(b) Address St Johns, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place St Johns Ariz (c) Date 6/24 1946

18. (a) Embalmer's Signature W. L. Compton
(b) Funeral Director " " " "
(c) Address Flagstaff Ariz

19. (a) June 24 1946 (Date received Local Registrar)
(b) Gertrude Schmidt (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 6/24, 1946
TIME (Hour and minute) 2:30 A. M.

21. I hereby certify that I attended the deceased from June 20, 1946 to June 24, 1946, that I last saw him alive on June 24, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcic Sore Throat
Vincents Angina

Due to

Due to

Other conditions Septicemia
(Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

DURATION
6 days
6 days
2 days

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 Herbert R Rice M. D.
Address Flagstaff Date signed June 24, 1946

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