9247

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 80
Registrar's No. 74

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

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

(d) Length of Stay: In Hospital or Institution ; In Community 39 years ; In Arizona 40 years (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. Resd. N. Broad St. ; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Emily Graham (b) If Veteran name war No (c) Social Security No. No

4. Sex	5. Race	6. (a) Single, married, widowed or divorced
Female	White ☐ Indian ☐ Negro ☐ Oriental ☐ White	Widow

6. (b) Name of husband or wife Geo. Wm. Graham 6. (c) Age of husband or wife, if alive ....yrs.

7. Birthdate of deceased June 24th 1864 (Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 29 If less than one day hrs. ....min.

9. Birthplace Roose, Barrow in Furness, Lancashire, England (City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business

Father { 12. Name Ned Bennett
13. Birthplace England (City, town or county) (State or Country)

Mother { 14. Maiden Name Jane Trick
15. Birthplace London, England (City, town or county) (State or Country)

16. (a) Informant's own signature Geo. Hilton Graham
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 6/26/46 19

18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) July 1 1946 (Date received Local Registrar)
(b) Irene Wanelle (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 23rd. 1946 ;
TIME (Hour and minute) 7:50 AM M.

21. I hereby certify that I attended the deceased from Jan 19 46 to June 23 19 46
that I last saw her alive on June 23 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure — due to Chronic Myocarditis — DURATION about 6 mo.

Due to

Due to

Other conditions Arteriosclerosis & Chronic Nephritis — about 10 yrs.
(Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

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 T. F. Harper M. D.
Address Globe, Ariz. Date signed 6-29-46

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