

7873

9-19-46
8-16-46

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 95
Registrar's No. 80

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Gen. Hosp.
(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 _____; (b) County _____; (c) City or Town _____
(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 Baby Quarles (b) If Veteran name war _____

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

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

7. Birthdate of deceased July 15th 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ hrs _____ min 0

9. Birthplace Globe, Arizona
(City, town or county) (State or Country)

10. Usual Occupation _____
11. Industry or Business _____

Father { 12. Name James Quarles
13. Birthplace Globe, Arizona
(City, town or county) (State or Country)

Mother { 14. Maiden Name Ethel June Garside
15. Birthplace Globe, Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature James Quarles
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 7/16/46

18. (a) Embalmer's Signature None
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) July 22 46
(Date received Local Registrar)
(b) James Quarles
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 15th 1946
TIME (Hour and minute) 8:40 PM 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 This was a 6 months non viable baby
Due to _____

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 _____
(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 [Signature] M. D.
Address Globe Ariz Date signed 7/19/46