

2407

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **68**
Registrar's No. **47**

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location Miami Ins Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 hrs.; In Community 10 months In Arizona 10 months
(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. 24 Martin Hill; (e) If foreign born, in U. S. A. 11/9 yrs.
3. (a) FULL NAME Linda Sue Poarch (b) If veteran name war 11/9 (c) Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced
6. (c) Age of husband or wife, if alive 38 yrs.
7. Birthdate of deceased: Oct 2 45
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
0 9 29 hrs. min.

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

10. Usual Occupation

11. Industry or Business

12. Name Paul Jackson Poarch
13. Birthplace Cordican Texas
(City, town or county) (State or Country)

14. Maiden Name Vollie Albine Gray
15. Birthplace Cordican Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature Paul J. Poarch
(b) Address Globe Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Crematory (c) Date 8/12 1946
18. (a) Embalmer's Signature J. My Miles Jr.
(b) Funeral Director J. My Miles Jr.
(c) Address Globe Arizona

19. (a) AUG 15 1946
(Date received local Registrar)
Leamon D. Brayton
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 8-1-46, 1946;
TIME (Hour and minute) 11:30 A M.

21. I hereby certify that I attended the deceased from 8-1-46, 1946;
to 8-1-46, 1946;
that I last saw hER alive on 8-1-46, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute gastroenteritis

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

DURATION
3 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? By Means of injury
23. Signature Leamon D. Brayton M. D.
Address Miami Ariz Date signed 8-13-46

see my...