2408

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 69
Registrar's No. 49

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Gila (b) City or Town Miami (If outside city limits also write RURAL) (c) Location M. I. Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 24 hrs.; In Community 9 mo.; In Arizona 1 year (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Claypool (If outside city limits also write RURAL)
(d) Street No. 418 Govt Housing Project; (e) Citizen of foreign country (Yes or No) ____ If Yes, which country ____ (c) Social Security No. ____

3. (a) FULL NAME Harold Dewain Alexander (b) If Veteran name war ____

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

7. Birthdate of deceased Aug. (Month) 3 (Day) 1945 (Year)

8. AGE: Years 1 Months 9 Days 3 If less than one day hrs. ____ min. ____

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

10. Usual Occupation ____

11. Industry or Business ____

Father
12. Name W. H. Alexander
13. Birthplace Breckenridge (City, town or county) Texas (State or Country)

Mother
14. Maiden Name Wanda Mattice
15. Birthplace Pima (City, town or county) Ariz. (State or Country)

16. (a) Informant's own signature W. H. Alexander
(b) Address Claypool, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal Cem. (c) Date Aug 9 1946

18. (a) Embalmer's Signature J. Neg Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.

19. (a) August 10 1946 (Date received Local Registrar)
(b) Teresa D. Bradford (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 6, 1946;
TIME (Hour and minute) 9:00 a. M.

21. I hereby certify that I attended the deceased from Aug 5, 1946 to Aug 6, 1946 that I last saw him alive on Aug. 6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococcic meningitis

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 Robert Mitchell M. D.
Address Miami, Ariz. Date signed 8-9-46

40M—100% Rag—6-45