

2412

9-19-46

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 73/
Registrar's No. 881

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location County Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 12 hrs.; In Community _____; In Arizona _____
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town San Carlos
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____
(f) Social Security No. _____
(b) If Veteran name war _____

3. (a) FULL NAME Baby Phillips
4. Sex Male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Aug. 10 1946
(Month) (Day) (Year)
8. AGE: Years 0 Months 0 Days 0 If less than one day hrs. 12 min. _____
9. Birthplace Globe, Arizona (City, town or county) (State or Country)

10. Usual Occupation _____
11. Industry or Business _____
Father { 12. Name Fuller Phillips
13. Birthplace San Carlos, Arizona (City, town or county) (State or Country)
Mother { 14. Maiden Name Helen Hizzer
15. Birthplace San Carlos, Ariz. (City, town or county) (State or Country)

16. (a) Informant's own signature Pearl Harney
(b) Address San Carlos, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place San Carlos (c) Date Aug. 10 1946

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

19. (a) Aug. 16-46 (Date received) Local Registrar
(b) [Signature] (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Aug. 10 1946
TIME (Hour and minute) 8 AM.
21. I hereby certify that I attended the deceased from Aug 10 1946 to Aug 10 1946
that I last saw him alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage
Prolonged labor

Due to _____
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____
DURATION 2 1/2 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 Walter M. O'Brien M. D.
Address Globe Ariz Date signed 8.16.46