

92

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 79

Registrar's No. 93

1. Place of Death: (a) County Gila (b) City or Town Near Globe (c) Location 5 miles NE Globe
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 3 months; In Arizona Same
(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. _____; (e) Citizen of foreign country (Yes or No) _____

3. (a) FULL NAME Marion Gertrude Mann (b) If Veteran name war Wasp (c) Social Security No. 243-30-9819

4. Sex Female 5. Race White 6. (a) Single, married, widowed or divorced Divorced
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 Jany. 27th 1922
(Month) (Day) (Year)

8. AGE: Years 24 Months 7 Days 10 If less than one day hrs. _____ min. _____

9. Birthplace Haywood County, North Carolina
(City, town or county) (State or Country)

10. Usual Occupation Commercial Pilot

11. Industry or Business _____

12. Name Ray H. Mann

13. Birthplace Canton, Haywood Co., North Carolina
(City, town or county) (State or Country)

14. Maiden Name Elsie James

15. Birthplace Boston, Mass.
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Ray H. Mann

(b) Address Canton, North Carolina

17. (a) Burial, Cremation or Removal Removal

(b) Place Asheville, N.C. (c) Date 9/10/46

18. (a) Embalmer's Signature Fred H. Jones

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) Sept. 9-46
(Date received Local Registrar)

(b) Gene Hauke
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 7th 1946 19____
TIME (Hour and minute) about 6:10 PM M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
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) Accident
(b) Date of occurrence Sept. 7, 1946
(c) Where did injury occur? 5 Mi NE of Globe, Gila, Ariz.
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public
(Specify type of place)

While at work? YES (e) Means of injury Falling plane

23. Signature Gene Hauke crushing her.
Address Box 811, Globe Greener M. D.
Date signed 9-9-46
Arizona