

672

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No. 100

Registrar's No. 169

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

(d) Length of Stay: In Hospital or Institution 7 days; In Community 20 yrs; In Arizona 20 yrs  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz.; (b) City or Town Globe  
(If outside city limits also write RURAL)

(d) Street No. 339 So. Newquist; (b) Citizen of foreign country (Yes or No) no  
If Yes, which country

3. (a) FULL NAME Thomas Jefferson Chelan (b) If Veteran name war none (c) Social Security No. none

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

8. (b) Name of husband or wife Stella May Chelan 6. (c) Age of husband or wife, if alive  yrs.

7. Birthdate of deceased Feb 18 1895  
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 10 If less than one day hrs. min.

9. Birthplace Burnett Texas  
(City, town or county) (State or Country)

10. Usual Occupation Rancher

11. Industry or Business cattle

12. Name Jesse Chelan

13. Birthplace unknown Arkansas  
(City, town or county) (State or Country)

14. Maiden Name Mary Pruitt

15. Birthplace unknown Texas  
(City, town or county) (State or Country)

16. (a) Informant's own signature T. J. Chelan

(b) Address Globe, Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe (c) Date 10/31 1946

18. (a) Embalmer's Signature J. W. Miles Jr.

(b) Funeral Director J. W. Miles Jr.

(c) Address Globe, Arizona

19. (a) Nov 18 1946  
(Date received Local Registrar)

(b) Irvin Wausley  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 28, 1946  
TIME (Hour and minute) 5:45 P.M.

21. I hereby certify that I attended the deceased from Oct. 17, 1946 to Oct. 28, 1946  
that I last saw h. / a. alive on 10-28, 1946

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Bronchial asthma  
(Include pregnancy within three months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION several years  
several years  
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 Alexander J. Zoske M. D.  
Address Globe Date signed 11-16-46