

1947

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 84
Registrar's No. 126

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Copper Hill
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 1 month; In Arizona 18 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. Copper Canyon; (e) Citizen of foreign country (Yes or No) no
3. (a) FULL NAME John Orekar (b) If Veteran name war None (c) Social Security No. 526-05-9657

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Dec 13 1901
(Month) (Day) (Year)

8. AGE: Years 45 Months 9 Days 18 hrs. _____ min. _____
If less than one day

9. Birthplace Louis Colorado
(City, town or county) (State or Country)

10. Usual Occupation miner

11. Industry or Business _____

Father { 12. Name John Orekar
13. Birthplace Yugoslavia
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mary Nadick
15. Birthplace Unknown Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature J. J. Laughlin
(b) Address 3459 Morris St Dallas Texas

17. (a) Burial, Cremation or Removal Removal
Place Hatch New Mexico Date 1/2 1947

18. (a) Embalmer's Signature J. J. Miles Jr
(b) Funeral Director J. J. Miles Jr
(c) Address Globe, Arizona

19. (a) Jan. 2 - 47
(Date received Local Registrar)
(b) James W. Wallace
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 7, 1946
TIME (Hour and minute) _____ M.

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

Immediate cause of death _____
Due to Brain Cancer
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? Undertaken
(Specify type of place)
While at work? yes (e) Means of injury Brain Cancer
23. Signature John J. Laughlin M. D.
Address 114 1/2 N. 7th St. Phoenix Date signed 1-2-47