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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 104
Registrar's No. 7

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location Miami-Inspiration Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 days; In Community 3 days; In Arizona 46 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pinal (c) City or Town Superior
(If outside city limits also write RURAL)
(d) Street No. 433 Porphyry St. (e) Citizen of foreign country (Yes or No) no
If Yes, which country _____ (c) Social Security No. 526-07-9475
3. (a) FULL NAME Hugh C. McCullar (b) If Veteran name war none

4. Sex Male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Widowed
(b) Name of husband Margaret McCullar (c) Age of husband deceased
or wife, if alive, yrs. _____
7. Birthdate of deceased December 24, 1873
(Month) (Day) (Year)
8. AGE: Years 73 Months 1 Days 2 If less than one day hrs. _____ min. _____
9. Birthplace Watervalley, Mississippi
(City, town or county) (State or Country)
10. Usual Occupation Electrician
11. Industry or Business Retired
Father { 12. Name John McCullar
13. Birthplace Unknown
(City, town or county) (State or Country)
Mother { 14. Maiden Name Unknown
15. Birthplace Unknown
(City, town or county) (State or Country)

15. (a) Informant's own name Mrs. Vern Gillette
(b) Address Miami, Arizona.
17. (a) Burial, Cremation or Removal removal
(b) Place Superior, Ariz. (c) Date 1/27/47 19____
18. (a) Embalmer's Signature Harold M. Smith
(b) Funeral Director Harold M. Smith
(c) Address Superior, Arizona.
19. (a) January 27, 1947.
(Date received Local Registrar)
(b) Seam S. Crawford
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) January 26, 1947,
TIME (Hour and minute) 10:30 P.M. M.
21. I hereby certify that I attended the deceased from 1-24-47
_____, 19____ to 1-26-47, 19____,
that I last saw him alive on 1-26-47, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death Hypostatic pneumonia
Due to Chronic myocarditis & chest injury
Due to _____
Other conditions (include pregnancy within three months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION 2
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: bruise
(a) Accident, suicide or homicide (specify) accident
(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 Mary E. Kelly M. D.
Address Miami, Arizona. Date signed 1-27-47