

121

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 107

1. Place of Death: (a) County GILA (b) City or Town GLOBE (c) Location CAMP GLOBE
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution AT HOME; In Community 5 MONTHS; In Arizona 5 MONTHS
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State KANSAS; (b) County WYANDOTTE; (c) City or Town KANSAS CITY
(If outside city limits also write RURAL)
(d) Street No. 1909 N. 13th; (e) Citizen of foreign country (Yes or No) NO
3. (a) FULL NAME CHARLIE ARTHUR RAW (b) If Veteran name war NO If Yes, which country _____ (c) Social Security No. 512-01-9838

4. Sex MALE 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced MARRIED
6. (b) Name of husband or wife NOLA O. FORDS RAW 6. (c) Age of husband or wife, if alive 53 yrs.
7. Birthdate of deceased NOV. 21-1894
(Month) (Day) (Year)
8. AGE: Years 53 Months _____ Days _____ If less than one day hrs. _____ min. _____
9. Birthplace ARMOURDALE, KANSAS
(City, town or county) (State or Country)
10. Usual Occupation STRUCTURAL IRON WORKER
11. Industry or Business IRON WORKER
Father { 12. Name HENRY CHARLES RAW
13. Birthplace MARY KENNEDY
(City, town or county) (State or Country)
Mother { 14. Maiden Name MARY ELIZABETH KLINE
15. Birthplace UNKNOWN PENNSYLVANIA
(City, town or county) (State or Country)

16. (a) Informant's own signature Nola O Raw
(b) Address Camp Globe, Globe, Ariz.
P.O. Box 1432
17. (a) Burial, Cremation or Removal Removed
(b) Place Oak Grove Cemetery Date Jan 31 1947
Kansas City, Kansas
18. (a) Embalmer's Signature J. May Miles Jr
(b) Funeral Director J. May Miles Jr
(c) Address Globe Ariz
19. (a) Jan 31-47
(Date received Local Registrar)
(b) Dwight Wauson
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Jan 28, 1947
TIME (Hour and minute) 8 PM M.
21. I hereby certify that I attended the deceased from N.W., 1947 to Jan 28, 1947
that I last saw him alive on Jan 28, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Bronchopneumonia
Due to Chronic Emphysema
Due to _____
Other conditions (include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION
2 days
5 yrs.
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 1-31-47