

9477

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 105  
Registrar's No. 21  
GILA COUNTY HOSPITAL - 100 MONROE ST.  
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County GILA (b) City or Town GLOBE (c) Location GILA COUNTY HOSPITAL - 100 MONROE ST.  
(If outside city limits also write RURAL) (Specify whether years, months or days)  
(d) Length of Stay: In Hospital or Institution 3 MONTHS; In Community 16 years; In Arizona 16 years  
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. 410 SOUTH HIGH (e) Citizen of foreign country (Yes or No) NO  
3. (a) FULL NAME NELLA SMITH MONICAL (b) If Veteran name war NO (c) Social Security No. NONE

4. Sex female 5. Race White  Indian  Negro  Oriental   
6. (a) Single, married, widowed or divorced widowed  
6. (b) Name of husband or wife JOSEPH B. MONICAL 6. (c) Age of husband or wife, if alive - yrs. \_\_\_\_\_  
7. Birthdate of deceased JUNE 16 - 1871  
8. AGE: Years 75 Months 9 Days 22 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace LONDON - ONTARIO - CANADA  
(City, town or county) (State or Country)  
10. Usual Occupation HOUSEWIFE  
11. Industry or Business HOUSEWIFE  
12. Name LEWIS SMITH  
13. Birthplace WALES, ENGLAND  
(City, town or county) (State or Country)  
14. Maiden Name ELIZABETH PALMER  
15. Birthplace WALES, ENGLAND  
(City, town or county) (State or Country)

16. (a) Informant's own signature J. Lewis Monical  
(b) Address Bylas, Arizona  
17. (a) Burial, Cremation or Removal Masonic Cemetery  
(b) Place McAlester Okla (c) Date 3/11 1947  
18. (a) Embalmer's Signature J. NEY MIKES JR  
(b) Funeral Director J. NEY MIKES JR  
(c) Address 328 S. Hill Street Globe Ariz.  
19. (a) March 20 - 1947  
(Date received Local Registrar)  
(b) James W. Wampler  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 8, 1947;  
TIME (Hour and minute) 5:45 P. M.  
21. I hereby certify that I attended the deceased from Dec 11, 1946 to Mar 8, 1947  
that I last saw him alive on Mar 8, 1947,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Uremia  
Due to Chronic Myocarditis  
Due to Chronic Nephritis  
Other conditions (Include pregnancy within three months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION Month  
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. Davis M. D.  
Address Globe Date signed 3-10-47