

2105

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 175
Registrar's No. 30

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 8 days; In Community 34 years; In Arizona 40 years
(Specify whether years, months or days)
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. Euclid Avenue (e) Citizen of foreign country (Yes or No) NO
If Yes, which country England (f) Social Security No. NONE

3. (a) FULL NAME RICHARD JAMES PADDY (b) If Veteran name was 12

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife, if alive — yrs.

7. Birthdate of deceased Sept. 15 - 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 15 If less than one day hrs. — min. —

9. Birthplace Hayle, England - Cornwall
(City, town or county) (State or Country)

10. Usual Occupation proprietor

11. Industry or Business Copper miner

Father { 12. Name JOHN PADDY
13. Birthplace HAYLE, ENGLAND
(City, town or county) (State or Country)

Mother { 14. Maiden Name MARY THOMAS
15. Birthplace HAYLE, ENGLAND
(City, town or county) (State or Country)

16. (a) Informant's own signature Marjorie Thomas

(b) Address BONESH, Globe Ariz.

17. (a) Burial, Cremation or Removal BURIAL

(b) Place GLOBE CEMETARY (c) Date April 11 1947

18. (a) Embalmer's Signature J. M. ...

(b) Funeral Director J. M. ...

(c) Address 328 S. HOLLIST. GLOBE, ARIZ.

19. (a) April 10 - 47
(Date received Local Registrar)

(b) Irvin ...
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) APRIL 6, 1947,
TIME (Hour and minute) 6:30 P. M.

21. I hereby certify that I attended the deceased from March 30, 1947 to April 6, 1947
that I last saw him alive on April 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac dilatation

Due to Bronchial asthma

Due to —

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Autopsy —

DURATION acute
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 Walter O'Brien M.D.
Address Globe Ariz Date signed 4.8.47