

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 78

Registrar's No. 34

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location Miami Hosp. No. 1000
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 weeks; In Community 30 years; in Arizona 30 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. 370 South 4th St.; (e) Citizen of foreign country (yes or No) no
3. (a) FULL NAME Emma Susan Paul (b) If Veteran name war no (c) If Yes, which country -----
Social Security No. none (If NONE write the word)

4. Sex female 5. Color or Race white 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Clavis R. Paul 6. (c) Age of husband or wife, if alive 43 yrs.
7. Birthdate of deceased August 11, 1907
(Month) (Day) (Year)
8. AGE: Years 39 Months 9 Days 4 If less than one day hrs. ----- min. -----
9. Birthplace Globe, Arizona
(City, town or county) (State or Country)
10. Usual Occupation housewife
11. Industry or Business housewife
Father { 12. Name Louis Trojanovich
13. Birthplace Dalmacia, Austria
(City, town or county) (State or Country)
Mother { 14. Maiden Name Estie Reuch
15. Birthplace Millan, Arizona
(City, town or county) (State or Country)
16. (a) Informant's own signature R. F. Paul
(b) Address 370 SOUTH 4TH - GLOBE, ARIZ.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 15th, 1947;
TIME (Hour and minute) 3:45 P. M.
21. I hereby certify that I attended the deceased from April 20 - 47
to May 19, 1947
that I last saw him alive on May 15 - 47, 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage April 8, 1947.
Due to -----
Due to -----
Other conditions (include pregnancy within 3 months of death) -----
Major findings: Of operations -----
Of autopsy -----

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cemetery (c) Date May 19, 1947
18. (a) Embalmer's Signature [Signature]
(b) Funeral Director [Signature]
(c) Address 322 S. 1st St. Globe, Ariz.
19. (a) May 26, 1947
(Date received local Registrar's Signature)
[Signature]
(Registrar's Signature)

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? ----- (g) Means of injury -----
23. Signature [Signature] M. D. -----
Address Miami Date signed 5-22-47