

712

177

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No.

Registrar's No. 48

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 646 N. Sutherland
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 60 dys in Feb 1947 In Community 4 years in Arizona 37 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. 646 N. Sutherland (e) Citizen of foreign country (yes or No) NO

3. (a) FULL NAME Timothy Afton Maxwell (b) If Veteran name war none If Yes, which country USA Social Security No. 526-03-9692
(If NONE write the word)

4. Sex male 5. Color or Race white 6. (a) Single, married, widowed or divorced married

6. (b) Name of husband or wife Lorna M. Maxwell 6. (c) Age of husband or wife, if alive 33 yrs.

7. Birthdate of deceased May 4, 1910
(Month) (Day) (Year)

8. AGE: Years 37 Months 1 Days 7 If less than one day
hrs. min.

9. Birthplace Tiger, Arizona
(City, town or county) (State or Country)

10. Usual Occupation Shovel Giler, Copper Mines

11. Industry or Business Copper miner

Father { 12. Name Charles C. Maxwell
13. Birthplace Peaches, Nevada
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mina Frances Maxwell
15. Birthplace Pine Valley, Utah
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Tim Maxwell (wife)

(b) Address 646 N. Sutherland - P.O. Box 1632 - Globe

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cemetery (c) Date June 15, 1947

18. (a) Embalmer's Signature W. H. Mc Lellan

(b) Funeral Director W. H. Mc Lellan

(c) Address 328 S. Hill St. Globe, Ariz.

19. (a) June 16 - 47
(Date received local Registrar)

(b) J. W. Wauwiler
(Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 11, 1947
TIME (Hour and minute) 2:20 a. m.

21. I hereby certify that I attended the deceased from June 5, 1947 to June 11, 1947
that I last saw him alive on June 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute yellow atrophy of liver

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION
about 6 months

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 J. T. Harper M. D.
Address Globe, Ariz. Date signed 6-12-47