9299

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 77
Registrar's No. 61.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Gila (b) City or Town Globe (If outside city limits also write RURAL) (c) Location Gila County Hosp. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 Hrs. (Specify whether years, months or days); In Community 22 Years; In Arizona 22 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. 456 So. Hill St.; (e) Citizen of foreign country (Yes or No) No; If Yes, which country X X X X
(b) If Veteran name war No; (c) Social Security No. None

3. (a) FULL NAME Frank Eugene Chisum

4. Sex Male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife ----------
6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased October 23, 1889 (Month) (Day) (Year)

8. AGE: Years 57 | Months 9 | Days 26 | If less than one day hrs. X min. X

9. Birthplace Vance, Texas (City, town or county) (State or Country)

10. Usual Occupation Miner - RANCHER CATTLE

11. Industry or Business Mining - RANCHING CATTLE

Father
12. Name William Chisum
13. Birthplace Henderson County, Texas (City, town or county) (State or Country)

Mother
14. Maiden Name Mary Bass
15. Birthplace San Patricia County, Texas (City, town or county) (State or Country)

16. (a) Informant's own signature Michael Burke
(b) Address 456 So. Hill St - Globe

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cemetery (c) Date 7/23/47

18. (a) Embalmer's Signature Frank E. Healy
(b) Funeral Director Frank E. Healy
(c) Address 328 So. Hill St., Globe, Ariz.

19. (a) July 19-47 (Date received Local Registrar)
(b) Irene Wancle (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 18, 1947;
TIME (Hour and minute) 10:30 P. M. M.

21. I hereby certify that I attended the deceased from 18 July, 1947 to 18 July, 1947; that I last saw him alive on 18 July, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull
Crushed right chest

Due to Auto accident

Due to

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

DURATION

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) Accident
(b) Date of occurrence 18 July '47
(c) Where did injury occur? Globe (City or Town) Gila (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway 66-70 (Specify type of place)
While at work? (e) Means of injury Auto accident

23. Signature Walter M. O'Brien M. D.
Address Globe Date signed 19 July 47

40M—100% Rag—6-45