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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____

Registrar's No. 64

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

(d) Length of Stay in Hospital or Institution 5 months; In Community 5 yrs.; In Arizona 7 yrs.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe, Ariz.
(If outside city limits also write RURAL)

(d) Street No. 17 West Main St. (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____

3. (a) FULL NAME Jim McCabe (b) If Veteran name war No (c) Social Security No. 316436

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

6. (b) Name of husband Carrie Lee McCabe 6. (c) Age of husband or wife, if alive 51 yrs.

7. Birthdate of deceased May 30 - 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 6 If less than one day hrs. _____ min. _____

9. Birthplace Gravel Hill, Arkansas
(City, town or county) (State or Country)

10. Usual Occupation labor

11. Industry or Business night watchman

Father { 12. Name John Jasper McCabe

13. Birthplace Perryville, Arkansas
(City, town or county) (State or Country)

Mother { 14. Maiden Name Judy Ann McCabe

15. Birthplace Pleaska County, Ark.
(City, town or county) (State or Country)

16. (a) Informant's own signature Samuel M. Taylor

(b) Address 17 East Main St. Globe, Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Final Cemetery Date Aug 9, 1947

18. (a) Embalmer's Signature Frank G. Kelly

(b) Funeral Director Frank G. Kelly

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

19. (a) August 7 - 47
(Date received, Local Registrar)

(b) Jane Wauville
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 6, 1947
TIME (Hour and minute) 11:58 a.m.

21. I hereby certify that I attended the deceased from Jan 20, 1947 to August 6, 1947
that I last saw him alive on August 6, 1947

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia + Uremia

Due to Ascending infection from bladder

Due to Total paralysis from waist down following an operation at M. Donald Hospital

Other conditions at M. Donald Hospital
(Include pregnancy within three months of death)

Major findings:
Of operations _____

Of autopsy _____

DURATION

3 to 4

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? Yes (e) Means of injury _____

23. Signature Walter M. O'Quinn M. D.

Address Globe Date signed 6 August 1947