

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

75

State File No.

Registrar No.

(St. & No. (or) Name of Institution)

In Arizona

(If outside city limits also write RURAL)

(Specify whether years, months or days)

(a) Citizen of foreign country (Yes, or No)

If Yes, which country

(c) Social Security No.

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 317 Euclid St. 77
(d) Length of Stay: In Hospital or Institution none; In Community 25 yrs; In Arizona 25 yrs
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe
(d) Street No. 317 Euclid St. Box 376
3. (a) FULL NAME Frank Mastnak (b) If Veteran name war none (c) Social Security No. none

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

6. (b) Name of husband unknown 6. (c) Age of husband or wife, if alive 70 yrs.

7. Birthdate of deceased Oct. 18, 1876

8. AGE: Years Months Days If less than one day
70 11 8 hrs. - min.

9. Birthplace unknown-- Austria
(City, town or county) (State or Country)

10. Usual Occupation Miner- Copper-

11. Industry or Business manuel labor- mining

12. Name unknown

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

14. Maiden Name unknown

15. Birthplace unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Maria Mastnak
(b) Address Globe, Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe Cemetery Date Oct 11, 1947

18. (a) Embalmer's Signature Frank Mastnak

(b) Funeral Director Frank Mastnak

(c) Address 328 Euclid St Globe Arizona

19. (a) Oct. 10 - 47
(Date received Local Registrar)
(b) Irma Wamelle
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 8, 1947
TIME (Hour and minute) about 9 P M.

21. I hereby certify that I attended the deceased from Nov 1, 1947 to Oct 8, 1947
that I last saw him alive on Oct 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis + Endocarditis

Due to old age + extreme hardening of arteries

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) _____
(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 Means of injury _____

23. Signature [Signature] M. D.
Address Globe Date signed 10/10/47