

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

Dr. O'Brien,
80

State File No.

Registrar's No. 76

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila County Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 day; In Community 1 day; In Arizona 6 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Yavapai (c) City or Town Coolidge
(If outside city limits also write RURAL)
(d) Street No. _____ (e) Citizen of foreign country (Yes or No) no
If Yes, which country _____
3. (a) FULL NAME George McDonald (b) If Veteran name was World War I (c) Social Security No. _____

4. Sex male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced. married
6. (b) Name of husband or wife Laura McDonald 6. (c) Age of husband or wife, if alive. _____ yrs.
7. Birthdate of deceased August 14 1893
(Month) (Day) (Year)
8. AGE: Years 54 Months _____ Days _____ If less than one day hrs. _____ min. _____
9. Birthplace West Virginia
(City, town or county) (State or Country)
10. Usual Occupation Indian Service
11. Industry or Business _____
Father { 12. Name Sherman McDonald
13. Birthplace West Virginia
(City, town or county) (State or Country)
Mother { 14. Maiden Name Virginia Swick
15. Birthplace West Virginia
(City, town or county) (State or Country)
16. (a) Informant's own signature Mrs. Laura McDonald
(b) Address Box 953 Coolidge Ariz
17. (a) Burial, Cremation or Removal Kenilworth
(b) Place Vally Memorial Park Coolidge (c) Date OCT 23 1947
18. (a) Embalmer's Signature George Crosswell
(b) Funeral Director Bale & Mandel Mortuary
(c) Address Coolidge Arizona
19. (a) Oct. 22 1947
(Date received Local Registrar)
(b) J. H. Marshall
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Oct. 18 1947
TIME (Hour and minute) 8:30 A.M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Due to Serious Stroke of Brain and Cord
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Accident
(b) Date of occurrence Oct. 18, 1947
(c) Where did injury occur? Christmas Hill Arizona
(City or Town) (County) (State)
(d) Did injury occur in, or about home, on farm, in industrial place, in public place? Industrial
(Specify type of place)
While at work? yes (e) Means of injury Falling into tank
23. Signature Edith Smith Coroner - M.D.
Address 11th Ave Date signed 10-24-47

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically