

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. 93

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

(d) Length of Stay: In Hospital or Institution Instant death In Community 2 yrs
(Specify whether years, months or days)

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

(d) Street No. _____ (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (c) Social Security No. none

3. (a) FULL NAME Althea Mae Neal (b) If Veteran name war _____ (c) Social Security No. none

4. Sex Female 5. Race White Indian Negro Oriental

6. (b) Name of husband or wife _____ 6. (a) Single, married, widowed or divorced Infant
6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Nov. 26 1945
(Month) (Day) (Year)

8. AGE: Years 2 Months 1 Days 14 hrs. _____ min. _____
If less than one day

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

10. Usual Occupation _____
11. Industry or Business _____

12. Name Harry C. Neal
13. Birthplace Payson Ariz.
(City, town or county) (State or Country)

14. Maiden Name Goldene Haught
15. Birthplace Payson Ariz.
(City, town or county) (State or Country)

16. (a) Informant's own signature Harry C. Neal
(b) Address Payson Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Payson Ariz. (c) Date Dec 12 1947

18. (a) Embalmer's Signature _____
(b) Funeral Director Walter W. Miller Jr.
(c) Address 1200 N. Main St. Payson Ariz.

19. (a) _____ (Date received Local Registrar)
(b) Doree Trammell (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 10 1947
TIME (Hour and minute) about 10:00 A.M.

21. I hereby certify that I attended the deceased from _____, 19____ to Dec 10 1947

that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute P labor
Pneumonia

Due to _____
Due to _____

Other conditions (Include pregnancy within three months of death)
Major findings: Of operations _____

Of autopsy Complete Autopsy
at home

DURATION

3 days

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 W. W. Miller Jr. Date signed 12/11/47
Address Globe