

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 89

Registrar's No. 11

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila County Hospital  
(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 33 years; In Arizona 33 years  
(Specify whether years, months or days)

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

(d) Street No. 95 Red Springs Canyon; (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Steve Radman (b) If Veteran No (c) Social Security No. 526-07-7467

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

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

7. Birthdate of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years 60 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hrs \_\_\_\_\_ min \_\_\_\_\_

9. Birthplace Dealyone Delmonio Yugoslavia  
(City, town or county) (State or Country)

10. Usual Occupation miner

11. Industry or Business \_\_\_\_\_

Father { 12. Name unknown  
13. Birthplace Yugoslavia  
(City, town or county) (State or Country)

Mother { 14. Maiden Name unknown  
15. Birthplace Yugoslavia  
(City, town or county) (State or Country)

16. (a) Informant's own signature Louis E. Corvick  
(b) Address Globe Army Payson Post

17. (a) Burial, Cremation or Removal Burial  
(b) Place Vinal Cemetery (c) Date Jan 29 1948

18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director [Signature]  
(c) Address [Address]

19. (a) Jan 30-48  
(Date received Local Registrar)

(b) [Signature]  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 17 1948  
TIME (Hour and minute) 4:15 a.m.

21. I hereby certify that I attended the deceased from Jan 14 1948 to Jan 17 1948  
that I last saw him alive on Jan 16 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic ulcerative pulmonary tuberculosis complicating Silicosis

Due to \_\_\_\_\_

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) \_\_\_\_\_  
(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 T.C. Harper M. D.  
Address Globe Date signed 1-28-48

DURATION

about 10 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically