

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **823**

1. Place of Death: (a) County Gila (b) City or Town Claypool (c) Location 37 Cottonwood
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 28 yrs; In Arizona 30 yrs
(Specify whether years, months or days)

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

(d) Street No. 37 Cottonwood (e) Citizen of foreign country (Yes or No) no
(Specify whether years, months or days) (Yes, which country) (c) Social Security No.

3. (a) FULL NAME Henry Pronger (b) If Veteran name war no

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

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

7. Birthdate of deceased Sept. 10 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 21 hrs. ___ min. If less than one day

9. Birthplace Port Madison Iowa
(City, town or county) (State or Country)

10. Usual Occupation Miner - Retired

11. Industry or Business _____

12. Name Dan Pronger
Father { 13. Birthplace Germany
(City, town or county) (State or Country)

14. Maiden Name Mary Meyers
Mother { 15. Birthplace Birmingham Ala.
(City, town or county) (State or Country)

16. (a) Informant's own signature G. Mansheim
(b) Address Claypool Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Miami Ariz. (c) Date Feb 5 1948

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

19. (a) 2/10/48
(Date received Local Registrar)
(b) Paula Gonzalez
(Registrar's Signature) - Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 1 1948
TIME (Hour and minute) 6:00 P. M.

21. I hereby certify that I attended the deceased from 1 Feb 1948 to 1 Feb 1948
that I last saw him alive on 1 Feb 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary Heart Disease

Due to _____

Other conditions (Include pregnancy within three months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION
30 minutes

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 N. D. Wheeler M. D.
Address 2072 Oak Date signed 5 Feb '48
Globe, Arizona