

1674

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 1505
Registrar's No. 32

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 15 minutes In Community 42 yrs in Arizona 48 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. 455 E. Cedar St. (e) Citizen of foreign country: (Yes or No) NO
3. (a) FULL NAME Joseph Waket Rais (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 Regina Rais 6. (c) Age of husband or wife, if alive unknown

7. Birthdate of deceased March 19, 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 8 If less than one day hrs. ** min. **

9. Birthplace Mount Lebanon
(City, town or county) (State or Country)

10. Usual Occupation grocerman

11. Industry or Business grocery store owner

Father { 12. Name Waket Rais
13. Birthplace Mount Lebanon
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mary Salem
15. Birthplace Mount Lebanon
(City, town or county) (State or Country)

16. (a) Informant's own signature Julia Rais
(b) Address 455 E. Cedar St., Globe, Ariz

17. (a) Burial, Cremation or Removal burial
(b) Place Globe Cemetery Date Mar. 30, 48

18. (a) Embalmer's Signature Frank J. Gray
(b) Funeral Director Frank J. Gray
(c) Address 328 S. Hill St. Globe, Ariz

19. (a) April 6 - 48
(Date received Local Registrar)
(b) Gene Wandle
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 27, 1948
TIME (Hour and minute) 2:30 P.M.

21. I hereby certify that I attended the deceased from 2:00 pm - 2:30 pm 27 March, 1948 to 27 March, 1948 that I last saw him alive on 27 March, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Coronary Heart Disease

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? _____ (e) Means of injury _____

23. Signature Gene Wandle M. D.
Address 207 E. Oak Date signed APR 3, 48
Globe, Arizona