

1679

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 1510
Registrar's No. 33

1. Place of Death: (a) County Gila (b) City or Town Globe, Arizona (c) Location Hill & Ash Sts.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 29 Yrs.; In Arizona 29 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. unknown
3. (a) FULL NAME Theodore Ashley Pabst (b) If Veteran name was Walter Pabst (c) Citizen of foreign country (Yes or No) No
(c) Social Security No. 595-22-7364

4. Sex Male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Divorced
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife, if alive X yrs.
7. Birthdate of deceased August 17, 1918
(Month) (Day) (Year)
8. AGE: Years 29 Months 7 Days 11 hrs. X min. X
9. Birthplace Globe, Arizona
(City, town or county) (State or Country)
10. Usual Occupation Student
11. Industry or Business Ariz. St. Teachers Col
Tempe, Arizona
Father { 12. Name George Ashley
13. Birthplace Unknown
(City, town or county) (State or Country)
Mother { 14. Maiden Name Lillian Pabst
15. Birthplace Unknown
(City, town or county) (State or Country)
16. (a) Informant's own signature William Pabst
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 3/31/48
18. (a) Embalmer's Signature Frank P. Pealy
(b) Funeral Director Frank P. Pealy
(c) Address 328 So. Hill St. Globe, Ariz.
19. (a) April 6 - 48
(Date received Local Registrar)
(b) J. M. Hancie
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) March 28, 48, 19
TIME (Hour and minute) 2:00 A. M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Due to Auto accident
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 3-28-48
(c) Where did injury occur? Globe Yuma
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway
(Specify type of place)
While at work? No (e) Means of injury Skull Fracture, by car accident
23. Signature Walter Pabst Coroner M. D.
Address Globe, Arizona Date signed 4-3-48

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically