

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **3186**
Registrar No. **601**
Location **Globe** (City or Town) **Globe** (if outside city limits also write RURAL)
Institution **Del. County Hospital** (St. & No. (or) Name of Institution)
In Arizona **4 months** (Specify whether years, months or days)
City or Town **Manifest** (if outside city limits also write RURAL)
County **Coconino**
Citizen of foreign country (Yes or No) **No**
If Yes, which country _____
Social Security No. **None**
If Veteran name war **None**

1. Place of Death: (a) County **Gila** (b) City or Town **Globe** (c) Location **Del. County Hospital**
(d) Length of Stay: In Hospital or Institution **2 hrs**; In Community **2 months**
2. Usual Residence of Deceased: (a) State **Pennsylvania** (b) County **Scott County** (c) City or Town **Manifest**
(d) Street No. **97 Sherwood street**
3. (a) FULL NAME **Dr. George Hastings McNeil**

4. Sex **male** 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced **married**
(b) Name of husband **Lena Bennett McNeil** or wife, if alive **79 yrs.**
7. Birthdate of deceased **May 28 - 1868**
8. AGE: Years **80** Months **0** Days **17** hrs. **1** min. **5**
9. Birthplace **Mount Moria, New York**
10. Usual Occupation **College professor**
11. Industry or Business **retired teacher**
12. Name **(unknown) McNeil**
13. Birthplace **(unknown)**
14. Maiden Name **Victoria McNeil**
15. Birthplace **(unknown)**
16. (a) Informant's own signature **Wm. Lewis B. McNeil**
(b) Address **302 Ard St. Globe, Arizona**
17. (a) Burial, Cremation or Removal **Cremation**
(b) Place **Greenwood Cemetery** (c) Date **June 23, 48**
18. (a) Embalmer's Signature **Frank J. Kelly**
(b) Funeral Director **Frank J. Kelly**
(c) Address **328 S. Hill St. Globe, Arizona**
19. (a) **June 23 - 48** (Date received Local Registrar)
(b) **John Wauson** (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **June 15, 1948**
TIME (Hour and minute) **7:20 P.M.**
21. I hereby certify that I attended the deceased from **12:00 noon**
6-15, 1948 to **7:20 6-15, 1948**
that I last saw him alive on **6-15, 1948**
and that death occurred on the date and hour stated above.
Immediate cause of death **Cardiac failure**
Due to **chronic asthma,**
heart failure,
malnutrition,
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
6 mo
20 years
2 years
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 **Robert B. Leonard** M.D.
Address **Globe** Date signed **6-16-48**