

7-14

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 3196  
Registrar's No. 54

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 478 E. Sycamore St.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 13 yrs; In Arizona 13 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. 478 E. Sycamore St.; (e) Citizen of foreign country (Yes or No) NO  
If Yes, which country: \*\*\*\* (c) Social Security No. 527-09-6476

3. (a) FULL NAME James Walter Ricketts (b) If Veteran name war none

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

6. (b) Name of husband Lucy Mae Ricketts 6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased Sept. 24, 1880  
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 9 If less than one day hrs. \*\* min. \*\*

9. Birthplace Cedar Hill, Texas  
(City, town or county) (State or Country)

10. Usual Occupation railroad agent

11. Industry or Business night watchman-

12. Name L. W. Ricketts

13. Birthplace Dallas County, Texas  
(City, town or county) (State or Country)

14. Maiden Name Annie Anderson

15. Birthplace Cedar Hill, Texas  
(City, town or county) (State or Country)

16. (a) Informant's own signature Lucy Mae Ricketts  
(b) Address 478 Sycamore St Globe

17. (a) Burial, Cremation or Removal burial

(b) Place Pinal Cemetery (c) Date June 9, 1948

18. (a) Embalmer's Signature Frank P. Kelly

(b) Funeral Director Frank P. Kelly

(c) Address 328 S. Hill St. Globe, Ariz

19. (a) June 7-48  
(Date received Local Registrar)

(b) Gene W. Walee  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 5, 1948  
TIME (Hour and minute) 9:30 a.m.

21. I hereby certify that I attended the deceased from 19 to 19  
that I last saw him after death 6-5, 1948

and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS

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 Gene W. Walee M. D.  
Address Globe, Arizona Date signed 6-7-48

DURATION few minutes  
PHYSICIAN Underline the cause to which death should be charged statistically