

1334

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No. 3770

Registrar's No. 67

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 one hour; In Community one hour In Arizona one hour  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe Rural  
(If outside city limits also write RURAL)  
(d) Street No. Trailer Court (near Globe ball park); (e) Citizen of foreign country (Yes or No) NO  
3. (a) FULL NAME Baby Joyce Palmore (b) If Veteran name war NO (c) Social Security No. None

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife, if alive. X yrs.

7. Birthdate of deceased June 30, 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
X X .X hrs. one min.

9. Birthplace Globe, Arizona  
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business None

12. Name Saxton Palmore

13. Birthplace Richmond, Virginia  
(City, town or county) (State or Country)

14. Maiden Name Madeline Shepard

15. Birthplace Bellevue, Massachusetts  
(City, town or county) (State or Country)

16. (a) Informant's own signature Saxton Palmore

(b) Address Ball Park, Globe, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe Cemetery Date 7/2/48 1948

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

(b) Funeral Director Frank P. Gray

(c) Address 328 So. Hill St., Globe, Ar

19. (a) July 2-48  
(Date received local Registrar)

(b) Jane Nauvala  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 30, 1948,  
TIME (Hour and minute) 3:00 A. M. M.

21. I hereby certify that I attended the deceased from 6-30, 1948,  
to 6-30, 1948,  
that I last saw her alive on 6-30, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pneumonia (about 2 months)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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 Alexander J. Basse M. D.

Address Globe Date signed 7.2.48