

1345

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. **3781**

1. Place of Death: (a) County Sila (b) City or Town Hayden (c) Location Utah Street AVE  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 9 years; In Arizona 27 years  
(Specify whether years, month or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Sila (c) City or Town Hayden  
(If outside city limits also write RURAL)

(d) Street No. Utah Street AVE (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Leah Jane Pascoe (b) If Veteran name war none (c) Social Security No. none

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

6. (b) Name of husband or wife William F Pascoe 6. (c) Age of husband or wife, if alive 48 yrs.

7. Birthdate of deceased August 29 1921  
(Month) (Day) (Year)

8. AGE: Years 26 Months 10 Days 9 If less than one day hrs. 1 min. 1

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

10. Usual Occupation None

11. Industry or Business none

Father { 12. Name William F Pascoe

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

Mother { 14. Maiden Name Bela M. Robinson

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

16. (a) Informant's own signature William F. Pascoe (father)

(b) Address Hayden Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe Ariz. Date July 10 1948

18. (a) Embalmer's Signature Frank [unclear]

(b) Funeral Director Frank [unclear]

(c) Address 3280 Hill St Globe, Arizona

19. (a) July 8th 1948  
(Date received Local Registrar)

(b) W.B. [unclear]  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 8 1948  
TIME (Hour and minute) 10:30 P.M.

21. I hereby certify that I attended the deceased from July 8th 1948 to July 8 1948  
that I last saw her alive on July 8 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death fracture of skull

Due to Accidental fall.

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

Other conditions Epilepsy  
(Include pregnancy within three months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION 2 hours

PHYSICIAN many years

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) Accident

(b) Date of occurrence 7-8-48

(c) Where did injury occur? Hayden Sila Ariz  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home  
(Specify type of place)

While at work? No (e) Means of injury fall

23. Signature Charles B. [unclear] M.D.  
Address Hayden Date signed 7-8-48