400353

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 5337
Registrar's No. 100

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

(d) Length of Stay: In Hospital or Institution 35 days; In Community 57 yrs; In Arizona 57 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. 776 N. High Street; (e) Citizen of foreign country (Yes or No) no; If Yes, which country ***

3. (a) FULL NAME Joseph H. Griner (b) If veteran name war none (c) Social Security No. 526-16-2184

4. Sex: male
5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced: married
5. (b) Name of husband or wife: Clara J. Griner
6. (c) Age of husband or wife, if alive: 53 yrs.
7. Birthdate of deceased: Dec. 4, 1886 (Month) (Day) (Year)
8. AGE: Years 61 Months 10 Days 8 If less than one day: ** hrs. ** min.
9. Birthplace: Vatesvill, Texas (City, town or county) (State or Country)
10. Usual Occupation: copper mining-truck driver
11. Industry or Business: copper mining-driver

Father
12. Name: Joseph J. Griner
13. Birthplace: Uvalde, Texas (City, town or county) (State or Country)

Mother
14. Maiden Name: Savanah Cornett
15. Birthplace: Texas (City, town or county) (State or Country)

16. (a) Informant's own signature: Mrs Clara J. Griner
(b) Address: 776N. High St. Globe, Ariz.

17. (a) Burial, Cremation or Removal: burial
(b) Place: Globe Cemetery Globe, Ariz. (c) Date: Oct. 15, 48

18. (a) Embalmer's Signature: Frank B. Kraft
(b) Funeral Director: Frank B. Kraft
(c) Address: 328 S. Hill St. Globe, Ariz.

19. (a) Oct. 15-48 (Date received Local Registrar)
(b) Irene Manuelle (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 12, 1948; TIME (Hour and minute) 8:45 a.m. M.

21. I hereby certify that I attended the deceased from 10-19, 1942 to 10-12, 1948; that I last saw him alive on 10-11, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Lung — DURATION: about 8 months.
Due to:
Due to:
Other conditions: Silicosis — DURATION: Unknown
(include pregnancy within three months of death)
Major findings:
Of operations:
Of autopsy:

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. Bosse M. D.
Address: Globe Date signed: 10-13-48

15M—100% Rag—3-48