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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

6446

State File No. _____

Registrar's No. 114

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 5 hours; In Community Safford 2 yrs In Arizona 4 yrs
(Specify whether years, months or days)

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

(d) Street No. 1209 Centr 1 Ave. (e) Citizen of foreign country (Yes or No) NO

3. (a) FULL NAME Gilbert Herman Paul (b) If veteran name war World War II (c) Social Security No. 455-14-0422

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

6. (b) Name of husband Beulah R. Paul 6. (c) Age of husband or wife, if alive 30 yrs.

7. Birthdate of deceased April 18, 1912
(Month) (Day) (Year)

8. AGE: Years 36 Months 7 Days 21 If less than one day hrs ** min **

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

10. Usual Occupation salesman- radio KGLU

11. Industry or Business salesman

12. Name F. C. Paul

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

14. Maiden Name Nettie O. Wiel

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

16. (a) Informant's own signature Beulah R. Paul

(b) Address 1209 Central Ave Safford

17. (a) Burial, Cremation or Removal removal

(b) Place Safford, Ariz. (c) Date Dec. 10, 1948

18. (a) Embalmer's Signature Frank W. Brady

(b) Funeral Director Frank W. Brady

(c) Address 32 S. Hill St. Globe, Ariz.

19. (a) Dec. 10-48
(Date received Local Registrar)

(b) Jesse Mavulice
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 9, 1948
TIME (Hour and minute) 1:14 a.m. M.

21. I hereby certify that I attended the deceased from 8:00 pm Dec 8, 1948 to 1:14 am Dec 9, 1948

that I last saw him alive on Dec 9, 1948

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

Immediate cause of death Basal skull fracture

Due to Automobile Accident

Due to _____

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

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Accident

(b) Date of occurrence Dec 8, 1948

(c) Where did injury occur? Highway 70 Gila Arizona
(City or Town) (County) (State)

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

While at work? no (e) Means of injury _____

23. Signature William E. Bishop M. D.

Address Box 150 Globe Ariz. Date signed Dec. 10, 1948

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically