

2267

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 79
Registrar's No. 4

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 1/2 Days; In Community Same 1 1/2 days; in Arizona Life 25 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Navajo; (c) City or Town Snowflake
(If outside city limits also write RURAL)
(d) Street No. _____ (e) Citizen of foreign country (yes or No) _____

3. (a) FULL NAME Emmer Raymond Stratton (b) If Veteran No (If NONE write the word) No
Social Security No. 527-01-1554

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

6. (b) Name of husband or wife Annie O. Stratton 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Oct. 14 1917
(Month) (Day) (Year)

8. AGE: Years 25 Months 2 Days 24 If less than one day
hrs. _____ min. _____

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

10. Usual Occupation Truck Driver

11. Industry or Business Lumbering

12. Name Wm. R. Stratton

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

14. Maiden Name Millie Hunt

15. Birthplace Pine, Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Wm. R. Stratton
(b) Address Snowflake, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Snowflake, Ariz. Date 1/9/43

18. (a) Embalmer's Signature Fred H. Jones

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) January 8-43
(Date received local Registrar)

(b) Dorene W. ...
(Registrar's Signature)

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 8, 1943
TIME (Hour and minute) _____ M.

21. I hereby certify that I attended the deceased from Jan. 7, 1943 to Jan. 8, 1943
that I last saw him alive on Jan. 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Skull - due to auto wreck

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 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) Auto accident

(b) Date of occurrence Jan. 7, 1943

(c) Where did injury occur Near Globe - Gila - Ariz.
(City or Town) (County) (State)

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

While at work? yes (e) Means of injury auto wreck

23. Signature T.C. Harper M. D.
Address Globe Ariz. Date signed 1-9-43

DURATION
1 1/2 days

PHYSICIAN
Underline the cause to which death should be charged statistically