

**ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 79

Registrar's No. 23

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

(d) Length of Stay: In Hospital or Institution 4 days; In Community 18 mo.; In Arizona 3 yrs - 6 mo.  
(Specify whether years, months or days)

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

(d) Street No. 1 Jefferson St.; (e) If foreign born, in U. S. A. 76 yrs.

3. (a) FULL NAME Charles Edward Wetzel (b) If veteran One name war (c) Social Security No. 76  
(If NONE write the word)

4. Sex <u>Male</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Mabel Wetzel</u>		6. (c) Age of husband or wife, if alive <u>50</u> yrs.
7. Birthdate of deceased <u>Aug. 25 1894</u> (Month) (Day) (Year)		
8. AGE: Years <u>46</u>	Months <u>6</u>	Days <u>25</u> If less than one day hrs. min.
9. Birthplace <u>Oklahoma</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Carpenter</u>		
11. Industry or Business		
Father	12. Name <u>Unknown</u>	
	13. Birthplace (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Unknown</u>	
	15. Birthplace (City, town or county) (State or Country)	

16. (a) Informant's own signature Mabel M. Wetzel  
(b) Address Claypool Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place First Cem. (c) Date Mar 11 1941

18. (a) Embalmer's Signature J. H. ...  
(b) Funeral Director J. H. ...  
(c) Address ...

19. (a) Mar 11 - 41  
(Date received local Registrar)  
(b) Irma Wavalle  
(Registrar's Signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH (Month, day and year) Mar. 7, 1941;  
TIME (Hour and minute) 2:15 P.M.

21. I hereby certify that I attended the deceased from Feb 28, 1941  
to Mar 7, 1941  
that I last saw him alive on Mar 7, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to

Due to Pneumococci B. strept. infection

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

<b>DURATION</b>
<b>PHYSICIAN</b>
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 J. W. Knight M.D.  
Address Globe Arizona Date signed 3/10/41