2511

PLACE OF DEATH

County Cochise

District Dragoon

Town

Or City Russelville

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

602 ✓

63 State Index No.

County Registered No. 102

Local Registrar's No.

No. _____ St.

(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Thelma Wien

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: White, Indian, Black, Chinese, Mexican

SINGLE, MARRIED, WIDOWED, or DIVORCED

DATE OF BIRTH: August (Month) 30th (Day) 1913 (Year)

AGE: ....yrs....mos. 26 days. If less than 1 day, ...hrs., or....min.

OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed or (employer):

BIRTHPLACE (State or country): Russelville, Ariz.

PARENTS

NAME OF FATHER: Jesse J. Wien

BIRTHPLACE OF FATHER (State or country): Arizona.

MAIDEN NAME OF MOTHER: Maggie Shilling

BIRTHPLACE OF MOTHER (State or county): Texas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jesse J. Wien

(Address) Dragoon, Arizona.

PLACE OF BURIAL OR REMOVAL: Russelville, Ariz.

DATE OF BURIAL OR REMOVAL: ....19....

UNDERTAKER: none

ADDRESS: ———

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 25th (Day) 1913 (Year)

I hereby certify, that I attended deceased from Birth 1913 to Sept 25th 1913; that I last saw her alive on Sept 25th 1913 and that death occurred on the date stated above at 10, A.M. The DISEASE or INJURY causing Death was as follows: Failure of the Eustachian valve, and Ductus Arteriosus to close at birth.

....(Duration)....yrs. 26 mos....days....

Was disease contracted in Arizona? ....

If not, where? ....

CONTRIBUTORY: none

....(Duration....yrs....mos....days....

(Signed) J.B. Ellis? M.D.

....1913.... (Address) Cochise, Ariz.

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death....yrs. 26 mos....ds. In Arizona....yrs....mos....ds.

Former or Usual Residence: ———

Filed Sept 30th 1913 J.B. Ellis, M.D. Local Registrar

Filed 10-16 1913 L.L. Miner County Registrar

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CAUSE OF DEATH. Plain terms, that it should be exactly stated. Do not use the short word "unknown." Make every effort may be properly classified. If any item can not be obtained insert word "unknown." possible to secure this information. Incorrect certificates will be returned for correction.