4720

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 3 771

County Registered No. 323

Local Registrar's No. 314

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Yuma

District Town Or City Yuma

No. 1410 Third St. St.

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

18
32
86

FULL NAME Helen M. Cowles

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

Color or Race White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~or DIVORCED~~

DATE OF BIRTH Feby 14 1832 (Month) (Day) (Year)

AGE 86 yrs 9 mos 17 days | If less than 1 day ___ hrs., or ___ min.

OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) ~~Ohio~~ Maine

PARENTS

NAME OF FATHER David Davis

BIRTHPLACE OF FATHER (State or Country) Maine

MAIDEN NAME OF MOTHER Mary Jordan

BIRTHPLACE OF MOTHER (State or Country) Maine

The Above Is True to the Best of My Knowledge

(Informant) C. Johnson

(Address) Yuma Ariz.

PLACE OF BURIAL OR REMOVAL Yuma Cemetery

DATE OF BURIAL OR REMOVAL 12/3 1918

UNDERTAKER C. Johnson

ADDRESS Yuma Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 1918 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Nov 21 1914 to Dec 1 1914; that I last saw her alive on Dec 1st 1914, and that death occurred on the date stated above at 1:30 A.M. The DISEASE or INJURY causing Death was as follows: General debility

(Duration) ___ yrs 6 mos ___ days

Was disease contracted in Arizona? yes

If not, where? —

CONTRIBUTORY Old age

(Duration) ___ yrs ___ mos ___ days

(Signed) J. A. Kitchenside

Dec 3 1914 (Address) Yuma

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

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

Former or Usual Residence

Filed Dec. 3 1918, Mary A. Wyffenman Local Registrar

Filed 1/10 1918 Dr C E Rooney County Registrar

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.