

7949

PLACE OF DEATH

1. County Yavapai  
District Prescott  
Town or City Prescott

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State Index No. 405  
County Registrar's No. \_\_\_\_\_  
Local Registrar's - No. \_\_\_\_\_

ORIGINAL CERTIFICATE OF DEATH

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mrs. Rosalind G. Wells

(a) Residence. No. 203 So. Cortez St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married  
6a. If married, widowed, or divorced HUSBAND of Edw. W. Wells  
6. DATE OF BIRTH (month, day, year) June 20, 1853  
7. AGE Years Months Days IF LESS than 1 day hrs. or min.  
69 --- -4-

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work At home  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Canada

10. NAME OF FATHER Geo. W. Banghart

11. BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12. MAIDEN NAME OF MOTHER Mary J. Peck

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14. Informant (Address) Mrs. Harry Head, Prescott, Arizona

15. Filed Harry J. Southworth Registrar

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, year) June 14, 1922

17. I HEREBY CERTIFY, That I attended deceased from Nov, 1921 to June 14, 1922, that I last saw h.e.t. alive on June 14, 1922, and that death occurred, on the date stated above, at 7<sup>04</sup> a.m. The CAUSE OF DEATH\* was as follows:

Carcinoma - Pan-Abdominal primary as Carcinoma of the rectum  
Probable (duration) yrs. 10 mos. --- ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 1921

Was there an autopsy? Yes

What test confirmed diagnosis? rays - Laboratory  
(Signed) Ch. J. ... M. D.  
19 (Address) Prescott, Ariz.

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Mt. View Mausoleum June 17/22 1922

20. UNDERTAKER ADDRESS

Lester Ruffner Prescott, Az

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.