

1677

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. Enter statement of OCCUPATION in very important. See instructions on back of certificate.

PLACE OF DEATH

1. County Yuma  
District Wellton  
Town or City Wellton

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - - - No. 520  
County Registrar's - - No. 5  
Local Registrar's - - - No. 5

ORIGINAL CERTIFICATE OF DEATH

No. Died in Hughie camp Grounds  
(If death occurred in a hospital or institution, give its NAME instead of street number). Ward

2. FULL NAME Helen Duffey  
(a) Residence. No. Owens March Calif  
(Usual place of abode) St., \_\_\_\_\_ Ward \_\_\_\_\_  
Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR or RACE white 5. SINGLE, MARRIED, WIDOWED or DIVORCED. married  
(Write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Bill Duffey

6. DATE OF BIRTH (month, day and year) 1904-Sept 22

7. AGE  
Years 20 Months 5 Days 15 IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. BIRTHPLACE (city or town) San Bernardino Calif  
(State or country)

10. NAME OF FATHER Ed Woodruff

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

12. MAIDEN NAME OF MOTHER Francis Stella Hare

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

14. Informant H. J. Cummings  
(Address)

15. Filed March 7, 1925 Chas. W. Hindman  
Local Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_  
V. S. No. 1 \_\_\_\_\_  
County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 7 1925

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_

and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
The CAUSE OF DEATH\* was as follows:

Tuberculosis of lungs

(duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis?  
(Signed) Chas. W. Hindman, J. P.  
March 7 1925 (Address) Wellton 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 Removed from Wellton to Yuma DATE OF BURIAL \_\_\_\_\_ 19\_\_\_\_

20. UNDERTAKER O.C. Johnson ADDRESS Yuma Arizona