

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Cochise State: Arizona
District or Township: Douglas or Village:
City: Douglas No. County Hospital St. Ward

2. FULL NAME: Samuel W. Wells
(a) Residence No.: See Station St. Ward.
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.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male 4. COLOR or RACE: White 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Married
5a. If married, widowed, or divorced: HUSBAND of Lola Wells
6. DATE OF BIRTH: 49
7. AGE: 49
8. OCCUPATION OF DECEASED: (a) Trade, profession, or particular kind of work: Cattleman
9. BIRTHPLACE (city or town) (State or country): Texas
10. NAME OF FATHER: Hilery Wells
11. BIRTHPLACE OF FATHER (city or town) (State or country): Texas
12. MAIDEN NAME OF MOTHER: Hillis Stone
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Texas
14. Informant: Mrs. Lola Wells (Address) See Station
15. Filed: 7-15-1925 Registrar: O'Rourke

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (month, day, and year): 7-14-1925
17. I HEREBY CERTIFY, That I attended deceased from July 7, 1925 to July 14, 1925 that I last saw him alive on July 14, 1925 and that death occurred, on the date stated above, at 4:15 P.M. The CAUSE OF DEATH* was as follows: Carcinoma of pyloric mesenteric glands right adrenal (duration) 7 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? yes
What test confirmed diagnosis? Autopsy
(Signed) E.W. Cavanaugh, M.D. July 15 1925 (Address) Douglas Ar.
* 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: See Station Wells Cemetery DATE OF BURIAL: 7-16-25
20. UNDERTAKER: Porter & Ames ADDRESS: Douglas

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.