

MARGIN RESERVED FOR BINDING. 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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1. County Cochise District Webb State Index - - - - No. 25
Town or City Whiterater No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Elva Inez Wells
(a) Residence, No. Whiterater - Rural Route at Webb St. RFD Webb
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 2 mos. 29 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Infant
(Write the word)

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

6. DATE OF BIRTH (month, day and year) May 11 - 1925

7. AGE Years _____ Months 2 Days 29 IF LESS than 1 day _____ hrs. or _____ min.

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

9. BIRTHPLACE (city or town) Whiterater (State or country) Arizona

10. NAME OF FATHER Ruben G Wells

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

12. MAIDEN NAME OF MOTHER Delma Terry

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

14. Informant Earl Wells (Address) Webb

15. Filed Aug 10, 19 5 Mrs. Edwin D. Harris Local Registrar.
Filed _____, 19 _____ County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

10. DATE OF DEATH (month, day, and year) 8-10 19 5

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 306 grade
The CAUSE OF DEATH* was as follows:
Summer Complaint
attended by Mother
(duration) _____ 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? none needed
What test confirmed diagnosis? Del. no. 195
(Signed) Whiterater - RFD Webb 19 _____ (Address) the Mother

* 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 Wells Cemetery DATE OF BURIAL 8/10 19 5

20. UNDERTAKER P. A. Dierman ADDRESS _____