

2023

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Cochise
District Warren

BUREAU OF VITAL STATISTICS

State Index - - - No. 22

ORIGINAL CERTIFICATE OF DEATH

County Registrar's - No. _____

Local Registrar's - No. 152

Town or city _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Jewell Marie Stodghill
(a) Residence. No. _____ (Usual place of abode) 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 Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WID-OWED or DIVORCED Single
(Write the word)

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

6. DATE OF BIRTH (month, day and year) Sept 24, 1906

7. AGE Years 18 Months _____ Days 20 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) Bisbee
(State or Country) Ariz.

10. NAME OF FATHER W. S. Stodghill

11. BIRTHPLACE OF FATHER (State or country) Kentucky

12. MAIDEN NAME OF MOTHER Sutton

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

14. Informant W. S. Stodghill
(Address) _____

15. Filed 10-15 1927 N. B. Dempsey
Local Registrar.

Filed _____ 19____
V. S. No. 1 _____ County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Oct 13, 1927

17. HEREBY CERTIFY, That I attended deceased from Oct 13, 1927 to Oct 13, 1927
that I last saw her alive on Oct 13, 1927

and that death occurred, on the date stated above, at 1:30 P. m.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds. _____
CONTRIBUTORY Myocarditis
(secondary) _____

(duration) yrs. mos. ds. _____
18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical
W. C. Bladen M. D.
Oct 14 1927 (Address) Bisbee

* State the Disease Causing Death, or in death 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 Bisbee DATE OF BURIAL Oct 16 1927

20. UNDERTAKER Palace Undertaking ADDRESS Bisbee

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.