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MARGIN RESERVED FOR BINDING
N. B.—WRITE IN INK, 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.

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

1. PLACE OF DEATH
 County Cochise State Arizona State File No. 26
 Township Douglas or Village _____ Registered No. 18
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

2. FULL NAME Seraldine Wells
 (a) Residence: No. 12 miles N. of Douglas Ward _____ (If nonresident give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) <u>Single</u>			21. DATE OF DEATH (month, day, and year) <u>2-13-1932</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from <u>2/13 1932</u> to <u>2/13 1932</u> I last saw him alive on <u>2/13 1932</u> ; death is said to have occurred on the date stated above, at <u>12</u> m.			
6. DATE OF BIRTH (month, day, and year)					The principal cause of death and related causes of importance were as follows: <u>Stroke pneumonia</u> <u>2/13/32</u>		
7. AGE		Years	Months	Days	If LESS than 1 day... hrs. or... min.	Date of Onset	
			<u>3</u>	<u>11</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chief</u>					Other contributory causes of importance:	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
	10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Douglas</u> (State or country) <u>Arizona</u>							
MOTHER	13. NAME <u>Oliver Wells</u>					Name of operation _____ Date of _____	
	14. BIRTHPLACE (city or town) <u>Texas</u> (State or country) _____					What test confirmed diagnosis <u>Chinest</u> there an autopsy? _____	
	15. MAIDEN NAME <u>Della Patterson</u>					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.	
FATHER	16. BIRTHPLACE (city or town) <u>Texas</u> (State or country) _____					Manner of injury _____ Nature of injury _____	
	17. INFORMANT <u>Oliver Wells</u> (Address) <u>Douglas Arizona</u>					24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Glenn</u> (Address) <u>Douglas</u>	
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Waller Cemetery</u> Date <u>2-14-1932</u>						
19. UNDERTAKER <u>Porter & Ames</u> (Address) <u>Douglas Arizona</u>							
20. Filed <u>2/14</u> Registrar. <u>B. J. [Signature]</u>							