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MARGIN RESERVED FOR BINDING
N. B.—WRITE ONLY, 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 Registered No. _____
 Township _____ or Village _____ or
 City Willcox 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 20 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Helen Vastli Laudermilk
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

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>married</u>			21. DATE OF DEATH (month, day, and year) <u>8/22</u> , 19 <u>32</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Henry C. Laudermilk</u> (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>July 24</u> , 19 <u>31</u> , to <u>Aug 21</u> , 19 <u>32</u> last saw h. alive on <u>Aug 21</u> , 19 <u>32</u> ; death is said to have occurred on the date stated above, at <u>3 P.</u> m.		
6. DATE OF BIRTH (month, day, and year) <u>10/24/1861</u>					The principal cause of death and related causes of importance were as follows: <u>Coronary Atherosclerosis</u> (Date of Onset _____)	
7. AGE <u>70</u>	Years	Months <u>9</u>	Days <u>24</u>	If LESS than 1 day... hrs. or... min.	Other contributory causes of importance: <u>Arteriosclerosis</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.						
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>housewife</u>						
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>North-Carolina</u>						
13. NAME <u>John Lawrence</u>						
14. BIRTHPLACE (city or town) (State or country) <u>N. C.</u>						
15. MAIDEN NAME <u>Unknown</u>						
16. BIRTHPLACE (city or town) (State or country) <u>N. C.</u>						
17. INFORMANT <u>Herbert C. Laudermilk</u> (Address) <u>El-Centro, Calif</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Willcox, Ariz.</u> Date <u>8/23/32</u>						
19. UNDERTAKER <u>Frank W. Wilson</u> (Address) <u>Willcox, Ariz.</u>						
20. Filed <u>9/6</u> , 19 <u>32</u> Registrar <u>J. H. Wilson</u>						
					Name of operation _____ Date of _____	
					What confirmed diagnosis? _____ Was there an autopsy? _____	
					23. Death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>_____</u> Where injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.	
					Manner of injury _____	
					Nature of injury _____	
					24. Was disease or injury in any way related to occupation of deceased? _____	
					If so, specify _____	
					(Signed) <u>J. H. Wilson</u> M. D.	
					(Address) <u>Willcox, Ariz.</u>	