

3606

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

1. PLACE OF DEATH
 County Cochise State Arizona State File No. 17
 District or Township _____ Registered No. 55
 City _____ or Village _____
 No. 9 miles East of Douglas St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Zora Wells
 (a) Residence, No. Lees Station St. _____ Ward _____
 (Usual place of abode)
 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; WIDOWED or DIVORCED. Single
 (Write the word)

6a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) _____

7. AGE Years Months Days IF LESS than 1 day hrs. or min.
17

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

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

10. NAME OF FATHER E. D. Wells

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

12. MAIDEN NAME OF MOTHER Rosa Mc Near ny

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

14. Informant E. D. Wells
 (Address) Lees Stations

15. Filed 3-7-33 Blaney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 6th 1933
 DEATH Month Day Year

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 5p. m. The CAUSE OF DEATH* was as follows:
Gun shot wound Rt temple causing instant death, Self inflicted, 9 miles E of Douglas. (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? _____ Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis? _____
 (Signed) D. A. Ash _____ M. D.
Mar 7 1933 (Address) Douglas Ariz.

* 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 3-7-33

20. UNDERTAKER Porter & Ames ADDRESS Douglas

MARGIN RESERVED FOR BINDING. 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.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—

PARENTS