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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.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
State File No. 454

1. PLACE OF DEATH
County Yavapai State Arizona Registered No. 10431
Township _____ or Village _____
City Prescott 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 10 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Mrs. Lucy E. Schiel How long in state when death occurred? 21 yrs. _____ mos. _____ ds.
(a) Residence: No. 128 N. Summit St. _____ Ward _____ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Widow
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred E. Schiel
6. DATE OF BIRTH (month, day, and year) Feb. 16, 1865
7. AGE Years 68 Months 3 Days 15 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Vandalia (state or country) Illinois
13. NAME Hubbard
14. BIRTHPLACE (city or town) Unknown (State or country) _____
15. MAIDEN NAME _____
16. BIRTHPLACE (city or town) _____ (State or country) _____
17. INFORMANT Frank Schiel (Address) Prescott, Arizona
18. BURIAL, CREMATION, OR REMOVAL Burial
Place Mt. View Cemetery Date June 3, 1933
19. UNDERTAKER Lester Kullner (Address) Prescott, Arizona
20. Walter J. Southwood

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month, day, and year) May 31, 1933
22. I HEREBY CERTIFY, That I attended deceased from May 31, 1933 to May 31, 1933
I last saw him alive on May 31, 1933; death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:
Coronary occlusion Date of Onset 5 hrs.
Other contributory causes of importance:
Ch. Myocarditis - 3 yrs.
Name of operation _____ Date of _____
What test confirmed diagnosis lysis Was there an autopsy? W
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.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____ (Signed) J. Allen _____, M. D.
(Address) Prescott, Arizona