4650

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. 15683

Registered No.

1. PLACE OF DEATH
County Cochise State Arizona
Township Douglas or Village or
City Douglas 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 59 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte E Wien
(a) Residence: No. 1248-12th Douglas St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

93C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amos H Wien

6. DATE OF BIRTH (month, day, and year) 10-30-1857

7. AGE: Years 76 | Months 8 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) 9-18-33
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Orleans
(state or country) Louisiana

FATHER
13. NAME Ramici
14. BIRTHPLACE (city or town) Cornwall
(State or country) England

MOTHER
15. MAIDEN NAME Mary Ann Conway
16. BIRTHPLACE (city or town) Londonderry
(State or country) England

17. INFORMANT B E Wien
(Address) 1248-12th St Douglas Ariz

18. BURIAL, CREMATION, OR REMOVAL
Place Douglas, Arizona Date 9-26-33

19. UNDERTAKER Porter & Ames
(Address) Douglas, Arizona

20. Filed 9-25, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH 9-24-33

21. DATE OF DEATH (month, day, and year) , 19

22. I HEREBY CERTIFY, That I attended deceased from 6 AM Sept. 22, 1933, to Sept. 24, 1933
I last saw he alive on Sept - 24, 1933; death is said to have occurred on the date stated above, at 9-30PM

The principal cause of death and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Myocarditis chronic | ? |
| Dilatation acute | Sept. 22 33 |
| Coma | Sept. 22 33 |

Other contributory causes of importance:

| | |
|---|---|
| Nephritis (chron. interstitial) | ? |
| Hypertension (B.P. 250/130) | ? |

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

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) A. K. Duncan, M. D.
(Address) Douglas Ariz

5M 2-8-33 MS-47071

Back of Certificate to be used for any additional Information