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MARGIN RESERVED FOR BINDING
N.B.—WRITE PEN 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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Maricopa State ARIZONA State File No. 278
 Township _____ or Village _____ Registered No. 387
 City Phoenix, Arizona No. _____ or 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 Helen Hughes Morrell How long in State when death occurred? 3 yrs. _____ mos. _____ ds.
 (a) Residence: No. 412 E. Garfield St. _____ Ward _____
 (Usual place of abode) (If non-resident 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>Single</u>		21. DATE OF DEATH (month, day, and year) <u>March 30, 34</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 28, 1934, to Mar 30, 1934</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				I last saw her alive on <u>Mar 30, 1934</u> death is said to have occurred on the date stated above, at <u>1:30pm</u> m.	
6. DATE OF BIRTH (month, day, and year) <u>Jan. 11, 1902</u>				The principal cause of death and related causes of importance were as follows: <u>Thrombosis of Coronary Artery</u>	
7. AGE <u>32</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chief Operator for S. P.</u>				Other contributory causes of importance:	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				Name of operation _____ Date of _____	
10. Date deceased last worked at this occupation (month and year) _____				What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? _____	
11. Total time (years) spent in this occupation _____				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.	
12. BIRTHPLACE (city or town) <u>Phoenix, Arizona</u> (state or country)				Manner of injury _____ Nature of injury _____	
13. NAME <u>Wm B. Morrell</u>				24. Was disease or injury in any way related to occupation of deceased? _____	
14. BIRTHPLACE (city or town) <u>Phoenix, Arizona</u> (State or country)				If so, specify _____ (Signed) <u>Helen Hughes</u> M. D. (Address) _____	
15. MAIDEN NAME <u>Marie Antionette</u>				20. Filed <u>4-4-34</u> <u>Old Shoney</u> Registrar	
16. BIRTHPLACE (city or town) <u>Washington</u> (State or country)				19. UNDERTAKER <u>A. L. Moore & Sons</u> (Address) <u>Phoenix, Arizona</u>	
17. INFORMANT <u>Wm B. Morrell</u> (Address) <u>412 E. Garfield</u>				20M 4-19-33 MS 46294 Form 3	
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Greenwood</u> Date <u>4/2/34</u> , 19____				Back of Certificate to be used for any Additional Information	