

1469

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

1. PLACE OF DEATH
 County Cochise State ARIZONA
 Township Douglas or Village _____
 City Douglas No. County Hospital 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 _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Rosie Wells How long in State when death occurred 30 yrs. _____ mos. _____ ds.
 (a) Residence: No. Lee Station Toniles P. of Douglas Ward _____
 (Usual place of abode) (non-resident, give city or town and State)

State File No. 59
Registered No. 171

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 Ed. W. Wells
 6. DATE OF BIRTH (month, day, and year) 6-9-1876
 7. AGE Years 58 Months 3 Days 10 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) (state or country) Texas
 MOTHER | FATHER
 13. NAME W. T. McVair
 14. BIRTHPLACE (city or town) (State or country) Oklahoma
 15. MAIDEN NAME Not known
 16. BIRTHPLACE (city or town) (State or country) Not known
 17. INFORMANT Mrs. E. P. Garcia (Address) Box 152 Douglas
 18. BURIAL, CREMATION, OR REMOVAL
 Place Wells Cemetery Date 9-29-34
 19. UNDERTAKER Porter & Sons (Address) Douglas Arizona
 20. Filed Sept. 29, 1934 E. W. Davidson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 28th, 1934
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 25th, 1934, to Sept. 28th, 1934
 I last saw her alive on Sept. 28th, 1934; death is said to have occurred on the date stated above, at 11:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Acute Appendicitis Date of Onset Sept. 17/1934
Peritonitis
Dynamic Ileus
 Other contributory causes of importance: _____
 Name of operation Appendectomy Date of 9/26/34
 What test confirmed diagnosis? _____ Was there an autopsy? No
 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) P. P. Bennett M. D.
Douglas, Arizona
 (Address)