

### STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

281

1 PLACE OF DEATH  
 County MoHAVE State Arizona Registered No. 88  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Hackberry No. \_\_\_\_\_ or \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Lena C Daniels  
 (a) Residence. No. Hackberry Ariz St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident of the city or town and State)  
 Length of residence in city or town where death occurred 37 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 (write the word) married

5a If married, widowed, or divorced  
 HUSBAND of J. A. Daniels  
 (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH (month, day, and year) May 29, 1874

7 AGE Years Months Days IF LESS than 1 day, hrs. or min.  
61 5 6

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) Housework  
 (c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) Memphis  
 (State or country) Tenn

10 NAME OF FATHER W C Morris

11 BIRTHPLACE OF FATHER (city or town) unknown  
 (State or country) unknown

12 MAIDEN NAME OF MOTHER Bessie Allen

13 BIRTHPLACE OF MOTHER (city or town) unknown  
 (State or country) unknown

14 Informant Mrs. Bessie Lowers  
 (Address) 807 Waterbury St Los Angeles

15 Filed Nov 3, 1935 W. H. [Signature] REGISTRAR

#### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 31, 1935, to Nov 2, 1935, that I last saw her alive on Nov 1, 1935, and that death occurred, on the date stated above, at 8:15 a.m.

The CAUSE OF DEATH\* was as follows:  
Organic Heart Disease  
Mitral insufficiency

(duration) unknown yrs. mos. ds.

CONTRIBUTORY arterio-sclerosis  
 (SECONDARY) (duration) unknown yrs. mos. ds.

18 Where was disease contracted  
 if not at place of death? unknown

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) H. O. [Signature], M. D.  
 \_\_\_\_\_, 19 (Address) Valentine Arizona

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Hackberry Ariz. DATE OF BURIAL Nov 4 1935

20 UNDERTAKER [Signature] ADDRESS Kingman  
License no. 139

V. S. No. 98  
 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. See instructions on back of certificate.