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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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
COUNTY Yavapai STATE ARIZONA STATE FILE NO. 5015  
TOWNSHIP Constellation OR VILLAGE \_\_\_\_\_ REGISTERED NO. \_\_\_\_\_  
CITY \_\_\_\_\_ NO. \_\_\_\_\_ OR \_\_\_\_\_

2. FULL NAME Mae Olive Sellers HOW LONG IN U. S. IF OF FOREIGN BIRTH? 21 YRS. 0 MOS. 0 DS.  
(A) RESIDENCE: NO. Wickenburg Ariz ST. \_\_\_\_\_ HOW LONG IN STATE WHERE DEATH OCCURRED? 20 YRS. 0 MOS. 0 DS.  
(USUAL PLACE OF ABODE) \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Clarence Sellers (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1903

7. AGE YEARS 34 MONTHS 6 DAYS 0 IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. \_\_\_\_\_  
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. H.W.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) \_\_\_\_\_ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Jackson (STATE OR COUNTY) Miss.

13. NAME M. G. Martin

14. BIRTHPLACE (CITY OR TOWN) Vadine (STATE OR COUNTY) Miss.

15. MAIDEN NAME Annie M. Martin

16. BIRTHPLACE (CITY OR TOWN) Vadine (STATE OR COUNTY) Miss.

17. INFORMANT (ADDRESS) C. W. Sellers

18. BURIAL, CREMATION, OR REMOVAL PLACE Mass Ariz DATE 11/21, 1936

19. EMBALMER (LICENSE NO. 188-A) SIGNATURE H. S. Cappingas  
FUNERAL DIRECTOR H. S. Cappingas  
ADDRESS 1125 N. 1st St. Wickenburg Ariz

20. FILED 11/21, 1936 J. H. Henderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM \_\_\_\_\_, 19\_\_\_\_, TO \_\_\_\_\_, 19\_\_\_\_.

I LAST SAW H. \_\_\_\_\_ ALIVE ON \_\_\_\_\_, 19\_\_\_\_; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT \_\_\_\_\_ M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: \_\_\_\_\_ DATE OF ONSET \_\_\_\_\_

Automobile accident  
Loss Control of Car

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_

NAME OF OPERATION \_\_\_\_\_ 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? acc DATE OF INJURY 11/15, 1936  
WHERE DID INJURY OCCUR? Yavapai Co, Ariz (SPECIFY CITY OR TOWN, COUNTY AND STATE)  
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Public Place

MANNER OF INJURY Automobile  
NATURE OF INJURY Accident

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? \_\_\_\_\_  
IF SO, SPECIFY \_\_\_\_\_  
(SIGNED) John Corning \_\_\_\_\_  
(ADDRESS) Wickenburg Arizona