4632

MARGIN RESERVED FOR BINDING

-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. 104

ARIZONA

Registered No. 406

1. PLACE OF DEATH

County Maricopa State

Township or Village

City Phoenix No. 1151 E. Van Buren 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 Caroline Remick Bell How long in State when death occurred? 3 yrs. ... mos. ... ds.

(a) Residence: No. 2023 Sunset Drive St. Ward (If not resident give city or town and state)

(Usual place of abode)

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: Nathan Bell

6. DATE OF BIRTH (month, day, and year): July 17 1869

7. AGE: Years 68 | Months 2 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): Columbus Texas

FATHER

13. NAME: William Remick

14. BIRTHPLACE (city or town) (State or Country)

MOTHER

15. MAIDEN NAME: Amelia Scherer

16. BIRTHPLACE (city or town) (State or Country): Marion Va.

17. INFORMANT (Address): Mrs. J. E. Johnson 2023 Sunset Drive

18. BURIAL, CREMATION, OR REMOVAL Place: Maricopa County Cem. Date: 10/4 1937

19. EMBALMER License No. 150-A Signature: Henry T. Forman

FUNERAL DIRECTOR: Henry T. Forman

Address: Arizona Funeral Home

20. Filed Oct 23 1937 James L. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1937, to Oct 2, 1937

I last saw her alive on Oct 3, 1937; 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
Carcinoma of Stomach	2 yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin 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? no

If so, specify

(Signed) Clyde J Barker M. D.

(Address) 1957 E Van Buren

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information