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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.

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. 920-10th St. 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 33 yrs. 4 mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 How long in state when death occurred? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Julia Doyle Ames
 (a) Residence: No. 920-10th St. St. _____ Ward _____
 (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) Widow

5a. If married, widowed, or divorced
 HUSBAND of Bernard J. Ames
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 12-27-1865

7. AGE
 Years 72 Months I Days 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
 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) Providence
 (State or Country) Rhode Island

MOTHER
 13. NAME Bernard J Doyle
 14. BIRTHPLACE (city or town) Ireland
 (State or Country) _____
 15. MAIDEN NAME Ellen Mc Kone
 16. BIRTHPLACE (city or town) Ireland
 (State or Country) _____

FATHER
 17. INFORMANT Howard E Ames
 (Address) Douglas Arizona

18. BURIAL, CREMATION, OR REMOVAL
 Place Douglas Ariz. Date 2-22-58 19. _____

19. EMBALMER { License No. 72-A
 Signature E C Porter
 FUNERAL DIRECTOR Porter & Ames 29-A
 Address Douglas, Arizona

20. Filed 2-21-58 19 Beedams Registrar

MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (month, day, and year) 2-19-58 19
 22. I HEREBY CERTIFY, That I attended deceased from 1938 to 1958
 I last saw h. _____ alive on _____ 19 _____; death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:
Coronary Arteriosclerosis Date of Onset 2-19-58
 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? _____ 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) J. Williams M. D.
 (Address) Douglas Ariz.