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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

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1. PLACE OF DEATH
 County Maricopa State ARIZONA State File No. 1455
 Township Phoenix City Phoenix or Village Phoenix Registered No. 1455
 No. 345 of Mr. Vernon Puel
 (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 15 yrs. 3 mos. 5 ds. How long in U. S. if of foreign birth? 15 yrs. 3 mos. 5 ds.
 2. FULL NAME Caroline M. Stinchfield How long in State when death occurred? 15 yrs. 3 mos. 5 ds.
 (a) Residence: No. 345 (Usual place of abode) St. 5 Ward 5 (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 Single
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) July 20, 1885
 7. AGE Years 53 Months 3 Days 5 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
 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) Hebron Maine
 FATHER
 13. NAME Melvin J. Stinchfield
 14. BIRTHPLACE (city or town) (State or Country) Maine
 MOTHER
 15. MAIDEN NAME Phoebe Lehman
 16. BIRTHPLACE (city or town) (State or Country) Indiana
 17. INFORMANT Miss Bess Stinchfield
 (Address) Phoenix, Ariz.
 18. BURIAL, CREMATION, OR REMOVAL Place Valhalla, Ind. Date 10-27, 1938
 19. EMBALMER License No. _____ Signature J. M. Maus
 FUNERAL DIRECTOR Address 530 N. 1st St. Phoenix
 20. Filed 10-26, 1938 Registrar J. M. Maus

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 25, 1938
 22. I HEREBY CERTIFY that I attended deceased from 10-5, 1938 to Oct 25, 1938. I last saw her alive on Oct 25, 1938; death is said to have occurred on the date stated above, at 8:50 P.M.
 The principal cause of death and related causes of importance were as follows: Carcinoma Date of Onset _____
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? Ray - 47 Was there an autopsy? Yes
 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) Fred G. Hulme, M. D.
 (Address) Phoenix, Ariz.