

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

39

1. PLACE OF DEATH
 County Greenlee State ARIZONA Registered No. _____
 Township Duncan or Village _____
 City _____ No. _____ 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 Laura Margreth Bellingsley How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: Duncan (Usual place of abode) _____
 (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) _____
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) 5/30/39
 7. AGE Years _____ Months _____ Days 6 days If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (city or town) Duncan (State or Country) Ariz.
 FATHER
 13. NAME Ben J. Bellingsley
 14. BIRTHPLACE (city or town) Duncan (State or Country) Ariz.
 MOTHER
 15. MAIDEN NAME Ruth Mcgrath
 16. BIRTHPLACE (city or town) Franklin (State or Country) Ariz.
 17. INFORMANT mother (Address) _____
 18. BURIAL, CREMATION, OR REMOVAL
 Place Duncan Date June 4, 1939
 19. EMBALMER { License No. _____ Signature _____
 FUNERAL DIRECTOR _____
 Address _____
 20. Filed July 12, 1939 Eugene Romney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/4/39
 22. I HEREBY CERTIFY, That I attended deceased from 5/30/39, 19____, to 6/4/39, 19____
 I last saw her alive on 6/4/39, 19____; death is said to have occurred on the date stated above, at 2 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia and premature births
 Date of Onset _____
 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) Dr. Karl L. Fife M. D.
 (Address) Duncan, Ariz.