

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.

SOCIAL SECURITY NO.
Arizona State Board of Health
 BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
 1. PLACE OF DEATH
 County Yuma State ARIZONA State File No. 535
 Registered No. 96
 Township Yuma or Village Yuma General Hospital St. Ward
 City No. (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 Mary Ellen Harrell How long in State when death occurred? yrs. mos. ds.
 (a) Residence: Somerton, Arizona (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 Single Write the word
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of May 25 1940
 6. DATE OF BIRTH (month, day, and year)
 7. AGE Years Months Days 3 If LESS than 1 day, hrs. or min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 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) Yuma Somerton
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (city or town) (State or Country) Arizona
 13. NAME John D. Harrell
 14. BIRTHPLACE (city or town) (State or Country) Anson Jones County Texas
 15. MAIDEN NAME Jewell Roberts
 16. BIRTHPLACE (city or town) (State or Country) Buckeye Arizona
 17. INFORMANT John D. Harrell (Address) Rte 1 Box 1 Somerton Arizona
 18. BURIAL PLACE Yuma Cemetery Date 5/29/40
 19. EMBALMER { License No. Signature The Johnson Mortuary
 FUNERAL DIRECTOR Yuma Arizona
 20. Filed May 29, 1940 by Mary A. Hoffmann Registrar (Address) Yuma, Arizona

MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (month, day, and year) May 28 1940, 19
 22. I HEREBY CERTIFY, That I attended deceased from May 25, 1940, to May 28, 1940
 I last saw her May 27, 1940; death is said to have occurred on the date stated above, at 4:00 a m.
 The principal cause of death and related causes of importance were as follows:
Septic neonatorum 5-25-40
 Date of Onset
 Other contributory causes of importance:
 Date 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? No
 If so, specify
 (Signed) John F. Stanley, M. D.
 (Address) Yuma, Arizona