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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. **43**

Registrar's No. **118**

1. Place of Death: (a) County **Cochise** (b) City or Town **Douglas** (c) Location **Douglas Hospital**  
 (If outside city limits write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution **about 12 hrs** In Community **20 Years** ; In Arizona **20 Years**  
 (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State **Arizona** ; (b) County **Cochise** ; (c) City or Town **Douglas**  
 (If outside city limits write RURAL)

(d) Street No. **532-10th Street, Douglas**

3. (a) FULL NAME **Iantha Belle Johnson** (b) If veteran **0** ; (c) If foreign born, in U. S. A. **0** yrs.  
 name war (e) Social Security No. (If NONE write the word)

4. Sex **Female** 5. Color or Race **White** 6. (a) Single, married, widowed or divorced **Single**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased **9 15 1867**  
 (Month) (Day) (Year)

8. AGE: Years **72** Months **9** Days **10** If less than one day  
 hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Urbana Illinois**  
 (City, town or county) (State or Country)

10. Usual Occupation **Business**

11. Industry or Business **Newstand**

12. Name **Benjamin Johnson**

13. Birthplace **Virginia**  
 (City, town or county) (State or Country)

14. Maiden Name **Cornelia MacNichols**

15. Birthplace **Conn.**  
 (City, town or county) (State or Country)

16. (a) Informant's own signature **Josephine J. Douglas**  
 (b) Address **931-11th St, Douglas, Ariz**

17. (a) Burial, Cremation or Removal **Burial**  
 (b) Place **Douglas, Ariz** Date **6-28-40** 19\_\_

18. (a) Embalmer's Signature **Porter & Ames** 72-A  
 (b) Funeral Director **Porter & Ames 29-A**  
 (c) Address **Douglas, Arizona**

19. (a) **June 28 - 1940**  
 (Date received local Registrar)

(b) **Josephine J. Douglas**  
 (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **6-25-40**, 19\_\_ M.  
 TIME (Hour and minute) **6-00PM**

21. I hereby certify that I attended the deceased from **May 26** 19\_\_ to **June 25** 19\_\_  
 that I last saw her alive on **June 25** 19\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death **General Hemorrhage**  
 Due to **Diabetes**  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

DURATION **1 day**  
 ?  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or Town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Paul S. Gentry M.D.**  
 Address **Douglas, Ariz** Date signed **6-27-40**