

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 67

Registrar's No. 110

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Gen Hospital  
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 3 days; In Community 2 years; In Arizona 12 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz; (b) County Gila; (c) City or Town Miami  
(If outside city limits write RURAL)  
(d) Street No. Schultz Ranch  
3. (a) FULL NAME Ruby Clotina Merrill (b) If veteran None (c) Social Security No. None  
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Married  
6. (b) Name of husband Weldon E. Merrill or wife, if alive 31 yrs. 6. (c) Age of husband

7. Birthdate of deceased Feb. 12, 1915  
(Month) (Day) (Year)  
8. AGE: Years 25 Months 9 Days 3  
If less than one day hrs. min.

9. Birthplace Rufe Oklahoma  
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

Father 12. Name Christopher Stephens  
13. Birthplace Ark.  
(City, town or county) (State or Country)

Mother 14. Maiden Name Eva Stephens  
15. Birthplace Ark.  
(City, town or county) (State or Country)

16. (a) Informant's own signature Weldon E Merrill  
(b) Address Schultz Ranch, Miami

17. (a) Burial, Cremation or Removal Burial  
(b) Place Quinal (c) Date Nov 17, 1940

18. (a) Embalmer's Signature J. May Miles Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz.

19. (a) Nov 17-40  
(Date received local Registrar)

(b) Jane Wavelle  
(Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 10, 1940  
TIME (Hour and minute) 11:00 AM

21. I hereby certify that I attended the deceased from Nov. 13, 1940  
to 11/15/40  
that I last saw her alive on 11/15/40

and that death occurred on the date and hour stated above.  
Immediate cause of death Septicemia  
due to self induced abortion  
with catheter, and medicine  
Due to last child 6 months of age  
two months pregnant

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy none

DURATION  
  
  
  
  
  
  
  
  
  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes in the following:  
Used catheter 11/9/40  
(a) Accident, suicide or homicide (specify) admitted by her and husband  
(b) Date of occurrence

(c) Where did injury occur? in trailer Miami  
(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? None  
(Specify means of injury)

23. Signature H. E. Fulk M.D.  
Address Miami Date signed 11/18/40