

447

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. **421**  
Registrar's No. **220.R**

1. Place of Death: (a) County **Yavapai** (b) City or Town **Prescott** (c) Location **Pioneer Home**  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution **9 years**; In Community **9 years**; In Arizona **64 years**  
(Specify whether years, months, or days)  
2. Usual Residence of Deceased: (a) State **Prescott**; (b) County **Yavapai**; (c) City or Town **Arizona**  
(If outside city limits also write RURAL)  
(d) Street No. **Pioneer Home**  
3. (a) FULL NAME **Mrs. Mary K. Cummings** (b) If veteran name war **PH** (c) Social Security No. **0**  
(e) If foreign born, in U. S. A. **0** (If NONE write the word)

4. Sex **Female** 5. Color or Race **White** 6. (a) Single, married, widowed **Widow**  
OR divorced  
6. (b) Name of husband or wife **No record** 6. (c) Age of husband or wife, if alive **1850** yrs.  
7. Birthdate of deceased **Nov. 7, 1850**  
(Month) (Day) (Year)  
8. AGE: Years **89** Months **11** Days **25**  
If less than one day hrs. min.  
9. Birthplace **Davenport, Iowa.**  
(City, town or county) (State or Country)

10. Usual Occupation **At Home**  
11. Industry or Business  
Father { 12. Name **Marchal H. Michael**  
13. Birthplace **Unknown**  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name **Catherine Baldwin**  
15. Birthplace **Unknown**  
(City, town or county) (State or Country)

16. (a) Informant's own signature **Supt. Pioneer Home**  
(b) Address **Prescott, Arizona.**  
17. (a) Burial, Cremation or Removal **Burial**  
(b) Place **Prescott, Ariz.** (c) Date **Nov. 6, 1940**  
18. (a) Embalmer's Signature **Lester Ruffner**  
(b) Funeral Director **Lester Ruffner**  
(c) Address **Prescott, Arizona**

19. (a) **11.3.40**  
(Date received local Registrar)  
(b) **Joe P. McNally**  
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **Nov. 2, 1940**  
TIME (Hour and minute) **8:35 pm**  
21. I hereby certify that I attended the deceased from **Jan 3, 1938** to **Nov 2, 1940**  
that I last saw h. **per** alive on **Nov. 1, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocardial insufficiency**  
Due to **Coronary artery disease**  
Due to  
Other conditions **Advanced arteriosclerosis**  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

DURATION **1 day, 3 months.**  
unknown  
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 **J. S. Southworth** M. D.  
Address **Prescott, Arizona.** Date signed **Nov. 5, 40**