

596

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. \_\_\_\_\_  
Registrar's No. 114

1. Place of Death: (a) County Cit (b) City or Town Globe (c) Location Blake St.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution None; In Community 20 yrs. Approx.; In Arizona 20 yrs. Approx.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe  
(If outside city limits also write RURAL)  
(d) Street No. Blake St. (e) If foreign born in U. S. No yrs.  
3. (a) FULL NAME Lenora Russell (b) If veteran name No (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 Widowed  
6. (b) Name of husband or wife Bart Russell 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased Nov. 7 - 1872  
(Month) (Day) (Year)  
8. AGE: Years 68 Months 4 Days 17 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Silver City, New Mex.  
(City, town or county) (State or Country)  
10. Usual Occupation Housewife  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name Geo. Allen  
13. Birthplace Unknown  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Unknown  
15. Birthplace \_\_\_\_\_  
(City, town or county) (State or Country)

16. (a) Informant's own signature E. WEEKS  
(b) Address Globe, Ariz.  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe Cem. (c) Date Dec 21 1940  
18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director \_\_\_\_\_  
(c) Address Blake St. Globe  
19. (a) Dec 21 - 460  
(Date received local Registrar)  
(b) Jane Russell  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 19, 1940;  
TIME (Hour and minute) Unknown M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_,  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Due to Cause unknown  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Cause Unknown

DURATION

  

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 Cause unknown  
(b) Date of occurrence Dec 19 1940  
(c) Where did injury occur? Globe Gila Ariz  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Bedroom in own home  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. E. Weeks Date signed Dec 29 1940 M. D.  
Address Globe  
Working in the place of Justice