

2278

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. **32**

1. Place of Death: (a) County Cochise (b) City or Town Bisbee (c) Location En route to Detention Hosp.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ---; In Community 2 mo. 15 da.; In Arizona 4 yrs 4 mo. 8 da.  
(Specify whether years, months or days)

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

(d) Street No. ---; (e) If foreign born, in U. S. A. --- yrs.

3. (a) FULL NAME Glenna Frances Morris (b) If veteran --- (c) Social Security No. ---  
(If NONE write the word)

4. Sex Fem. 5. Color or Race White 6. (a) Single, married, widowed or divorced ---

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife, if alive --- yrs.

7. Birthdate of deceased Nov. 7, 1936  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 4 8 hrs. min.

9. Birthplace Chandler Arizona  
(City, town or county) (State or Country)

10. Usual Occupation ---

11. Industry or Business ---

Father { 12. Name Glenn Carlton Morris  
13. Birthplace Martinsburg, Indiana  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Maude Beals  
Pine Arizona  
15. Birthplace (City, town or county) (State or Country)

16. (a) Informant's own signature Glenn Morris  
(b) Address Fry, Ariz.

17. (a) Burial, Cremation or Removal Buried  
(b) Place Bisbee, Ariz. (c) Date 3/16/41

18. (a) Embalmer's Signature Robert Dugan, Jr.  
(b) Funeral Director John B. Dugan  
(c) Address Bisbee, Arizona

19. (a) Mar 18, 1941  
(Date received local Registrar)

(b) O. B. Mason  
(Registrar's Signature) 2 R

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar. 15, 1941  
TIME (Hour and minute) 7 P.M. M.

21. I hereby certify that I attended the deceased from 3-13-41  
to 3-17-41  
that I last saw her alive on March 17, 1941

and that death occurred on the date and hour stated above.  
Immediate cause of death Asphyxia

Due to Membranous Laryngitis 3 days  
(culture negative)  
Due to Diphtheria

Other conditions Tracheostomy  
(Include pregnancy within 3 months of death)  
Major findings: Large membrane  
Of operations in trachea  
Of autopsy ---

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 (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 B. H. French M.D.  
Address Bisbee, Ariz. Date signed 3-18-41