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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

350

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.
Registrar's No. 24

1. Place of Death: (a) County Navajo (b) City or Town Winslow (If outside city limits write RURAL) (c) Location Dr. Wrights Hosp. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 12 days; In Community 12 days (Specify whether years, months or days); In Arizona 48 Yrs.
2. Usual Residence of Deceased: (a) State Arizona; (b) County Navajo; (c) City or Town Taylor (If outside city limits write RURAL)
(d) Street No. ; (e) If foreign born, in U. S. A. yrs.
3. (a) FULL NAME Lillis Irene Bates (b) If veteran name war (c) Social Security No. None (If NONE write the word)

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

6. (b) Name of husband or wife W. W. Bates
6. (c) Age of husband or wife, if alive 58 yrs.

7. Birthdate of deceased March 21, 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
48	1	18	hrs. min.

9. Birthplace Woodroof, Arizona (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business Own home
Father: 12. Name Quince R. Gardner
13. Birthplace Unknown (City, town or county) (State or Country)
Mother: 14. Maiden Name Mary Owens.
15. Birthplace Unknown (City, town or county) (State or Country)
16. (a) Informant's own signature W. W. Bates
(b) Address Taylor, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Taylor (c) Date 5-9-41 19
18. (a) Embalmer's Signature
(b) Funeral Director Family Removal
(c) Address
19. (a) 5-9-41 (Date received local Registrar)
(b) Lorna Drumm (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 5-9, 1941;
TIME (Hour and minute) 2:00 PM M.
21. I hereby certify that I attended the deceased from April 28, 1941 to May 9, 1941;
that I last saw her alive on May 9, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Embolism
Due to Embolism from femoral vein following hysterectomy
Due to May 5th.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Abdominal uterus; uterine polyp - cystic ovary
Of autopsy

DURATION
10 hours

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. C. Dreiger M.D.
Address Winslow Ariz. Date signed May 9-41