1280

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 126
Registrar's No. 35

1. Place of Death: (a) County Greenlee (b) City or Town Morenci (c) Location P.D. Hosp. (St. & No. (or) Name of Institution)
(If outside city limits also write RURAL)

(d) Length of Stay: In Hospital or Institution 30 days; In Community 0 yrs; In Arizona 5 years
(Specify whether years, months or days)

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

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

3. (a) FULL NAME Dora Bell Tuce (b) If veteran name war ____ (c) Social Security No. ——
(If NONE write the word)

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

6. (b) Name of husband or wife deceased Simon Tuce | 6. (c) Age of husband or wife, if alive 60 yrs.

7. Birthdate of deceased Dec 5th 1898
(Month) (Day) (Year)

8. AGE: Years 42 | Months 6 | Days 25 | If less than one day hrs. ____ min. ____

9. Birthplace Trinity Texas
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

Father
12. Name Bill Fly
13. Birthplace unknown
(City, town or county) (State or Country)

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

16. (a) Informant's own signature Ella McLendon
(b) Address Clifton Ariz

17. (a) ~~Burial, Cremation or~~ Removal Removal
(b) Place Sheldon (c) Date 7/1 1941

18. (a) Embalmer's Signature J. McMillen
(b) Funeral Director McMILLEN FUNERAL HOME
(c) Address Clifton Ariz

19. (a) July 1 - 1941
(Date received local Registrar)
(b) D. McMillen
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 30, 1941;
TIME (Hour and minute) 4:00 P M.

21. I hereby certify that I attended the deceased from April 2 1, 1941 to June 30, 1941;
that I last saw her alive on June 30, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death acute endocarditis

Due to

Due to

Other conditions Thrombo-obliterans lf. leg
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION
2 mos.
10 days.

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 C. K. Langham M. D.
Address Clifton, Ariz. Date signed June 30/41