

1791

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 91

1. Place of Death: (a) County Yuma (b) City or Town Globe (c) Location 78 Highland Ave  
(If outside city limits also write RURAL) (ST. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 82 yrs; In Arizona 53 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma (c) City or Town Globe  
(If outside city limits also write RURAL)  
(d) Street No. 78 Highland Ave; (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
3. (a) FULL NAME Clara Ethel Ferris (b) If veteran \_\_\_\_\_ (c) Social Security No. None  
(If NONE write the word)

4. Sex Female 5. Color of Race White 6. (a) Single, married, widowed or divorced widowed  
(b) Name of husband Edw Ferris (c) Age of husband \_\_\_\_\_ yrs.  
or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased Mar 11 1887  
(Month) (Day) (Year)  
8. AGE: Years 53 Months 8 Days 14 If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Woodruff Arizona  
(City, town or county) (State or Country)  
10. Usual Occupation House wife  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name Robert Harmon Taylor  
13. Birthplace Texas  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Parce  
15. Birthplace Arkansas  
(City, town or county) (State or Country)  
16. (a) Informant's own signature Alice E Ferris  
(b) Address 78 Highland Ave  
17. (a) Burial, Cremation or Removal Removal  
(b) Place Los Angeles (c) Date July 27 1941  
18. (a) Embalmer's Signature J. H. Mitchell  
(b) Funeral Director J. H. Mitchell  
(c) Address 1201 Arizona  
19. (a) July 26 1941  
(Date received local Registrar)  
(b) Denee Tranelle  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 25 1941  
TIME (Hour and minute) 8:45 A.M.  
21. I hereby certify that I attended the deceased from Jan 1935 to July 25 1941;  
that I last saw her alive on July 25 1941;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Carcinoma uterine with metastasis in liver  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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. C. Harper M. D.  
Address Globe, Ariz. Date signed 7-26-41

DURATION 6 yrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.