

9243

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 33
Registrar's No. 151

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Cochise (b) City or Town Rural Douglas (c) Location County Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 5 months; In Community 5 months; In Arizona 31 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise (c) City or Town Fairbanks
(If outside city limits also write RURAL)
(d) Street No. Fairbanks, Arizona; (e) If foreign born, in U. S. A. 93 yrs.
3. (a) FULL NAME Mrs Cordella Louise Darnell (b) If veteran name war 93 (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 WIDOW
6. (b) Name of husband or wife Nicolas Darnell 6. (c) Age of husband or wife, if alive 31 yrs.
7. Birthdate of deceased May 24th 1868
(Month) (Day) (Year)
8. AGE: Years 73 Months 4 Days 14 If less than one day hrs. min.
9. Birthplace Staples Texas
(City, town or county) (State or Country)
10. Usual Occupation Retired
11. Industry or Business
12. Name J. D. Staples
13. Birthplace Georgia
(City, town or county) (State or Country)
14. Maiden Name Not known
15. Birthplace Not known
(City, town or county) (State or Country)

16. (a) Informant's own signature Shelma Cochran
Irene (b) Address 1329 Glendale, Calif

17. (a) Burial, Cremation or Removal Removal
(b) Place Wilcox Arizona (c) Date 10-9-41
18. (a) Embalmer's Signature Forbes Brown 238-A
(b) Funeral Director Porter & Ames
(c) Address Douglas Arizona

19. (a) 10/8/41 (Date received local Registrar)
(b) F. W. Williamson (Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 10-8-41, 1941; TIME (Hour and minute) 5:30 A.M. M.
21. I hereby certify that I attended the deceased from May 9th, 1941 to Oct. 8th, 1941; that I last saw her alive on October 8th, 1941;

and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis (chronic)
Due to Arteriosclerosis
Due to Senility
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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 F. W. Williamson M. D. Date signed 10/8/41
Address Douglas Ariz