2360

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

41

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. .....
Registrar's No. 48

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits write RURAL) (c) Location Douglas Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution II days; In Community II days (Specify whether years, months or days); In Arizona 39 yrs
2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Rural (If outside city limits write RURAL)
(d) Street No. Whitewater Arizona; (e) If foreign born, in U. S. A. ..... yrs.
3. (a) FULL NAME Delma Montez Wells (b) If veteran name war ..... (c) Social Security No. ..... (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 Rube Wells
6. (c) Age of husband or wife, if alive 61 yrs.
7. Birthdate of deceased March 8th 1890 (Month) (Day) (Year)
8. AGE: Years 52 Months 0 Days 15 If less than one day hrs. ..... min. .....
9. Birthplace Sansaba Co. Texas (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business .....

Father
12. Name William W Terry
13. Birthplace Mills Co. Texas (City, town or county) (State or Country)

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

16. (a) Informant's own signature L. W. Hopkins
(b) Address Mc Neal Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Wells Cem. N.E. of Douglas (c) Date 3-25-42 19
18. (a) Embalmer's Signature Gordon Brown 238-A
(b) Funeral Director Porter & Ames
(c) Address Douglas Arizona
19. (a) March 23-42 (Date received local Registrar)
(b) C. W. Dunson (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 3-23-42, 19.....;
TIME (Hour and minute) 4.15 A.M. M.
21. I hereby certify that I attended the deceased from March 11, 1942 to March 23rd, 1942;
that I last saw her alive on Mch 22, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic
From history

Due to .....

Due to .....

Other conditions ~~[illegible]~~ enlarged lion
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

DURATION
Several yrs
sev. mos

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 A. K. Duncan M.D.
Address 745-9th St Date signed Mch 23 42