

2407

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 83

1. Place of Death: (a) County Yuma (b) City or Town Miami (c) Location #7 Daisy Carter  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 32 yrs; In Arizona 41 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Yuma; (c) City or Town Miami  
(If outside city limits also write RURAL)  
(d) Street No. 7 Daisy Carter; (e) if foreign born, in U. S. A. None yrs.  
3. (a) FULL NAME Old May Owens (b) If veteran \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Divorced  
6. (b) Name of husband W. L. Owen 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased March 9 1878  
(Month) (Day) (Year)  
8. AGE: Years 64 Months 0 Days 17 If less than one day  
hrs \_\_\_\_\_ min \_\_\_\_\_  
9. Birthplace Rockport Indiana  
(City, town or county) (State or Country)

10. Usual Occupation Housewife  
11. Industry or Business \_\_\_\_\_  
12. Name James Stevenson  
13. Birthplace Kentucky  
(City, town or county) (State or Country)  
14. Maiden Name Anna Taylor  
15. Birthplace Indiana  
(City, town or county) (State or Country)

16. (a) Informant's own signature Leona Volk  
(b) Address 1243 Chelinoche, Mo.

17. (a) Burial, Cremation or Removal Burial  
(b) Place State Center (c) Date July 29 1942

18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director \_\_\_\_\_  
(c) Address \_\_\_\_\_

19. (a) March 30 1942  
(Date received locally Registrar)  
(b) Nelson D Brayton  
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar. 25 1942  
TIME (Hour and minute) 9:00 P. M.  
21. I hereby certify that I attended the deceased on March 23 1942 to March 25 1942  
that I last saw her alive on March 25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Influenza  
Due to Arterio-sclerosis  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION  
3 days  
3 years  
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 Nelson D Brayton M.D.  
Address Miami, Ariz. Date signed 3/30/42