622

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 86
Registrar's No. 87

1. Place of Death: (a) County Cochise (b) City or Town Douglas (Rural) (If outside city limits also write RURAL) (c) Location County Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 50 Minutes; In Community 50 Minutes; in Arizona 42 Years (Specify whether years, months or days)

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

(d) Street No. ~~Phoenix, Arizona~~; (e) Citizen of foreign country (yes or No) ; If Yes, which country

3. (a) FULL NAME Ed Wells (b) If Veteran name war — Social Security No. — (If NONE write the word)

4. Sex: Male
5. Color or Race: White
6. (a) Single, married, widowed or divorced: Widowed
6. (b) Name of husband or wife: Rosie Wells
6. (c) Age of husband or wife, if alive: dead yrs.

7. Birthdate of deceased: 5 (Month) 14 (Day) 1878 (Year)

8. AGE: Years 64 Months Days 1 If less than one day hrs. min.

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

10. Usual Occupation: Rancher

11. Industry or Business:

Father
12. Name: Hilery Wells
13. Birthplace: (City, town or county) Texas (State or Country)

Mother
14. Maiden Name: Sarah Stone
15. Birthplace: (City, town or county) Texas (State or Country)

16. (a) Informant's own signature: Charles E. Wells
(b) Address: Douglas, Arizona

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Wells Cemetery- Douglas (c) Date: 5-17-42 19

18. (a) Embalmer's Signature: Gordon Brown 238-A
(b) Funeral Director: Porter & Ames 29-A
(c) Address: Douglas, Arizona

19. (a) May 16 - 1942 (Date received local Registrar)
(b) [illegible] (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 5-15-42, 19; TIME (Hour and minute) 3-35 PM M.

21. I hereby certify that I attended the deceased from 5-15-42, 19 to 5-15-42, 19; that I last saw him alive on 5-15-42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis acute

Due to: Pneumonia (previously exact date not determined)

~~Due to~~: While in State Hospital Phoenix

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: [illegible] M. D.
Address: Douglas, Arizona Date signed 5-15-42