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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 52
Registrar's No. 92

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

(d) Length of Stay: In Hospital or Institution 9 Days; In Community 18 Years; in Arizona 18 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. 1233-9th Street, Douglas (e) Citizen of foreign country (yes or No) ..... If Yes, which country .....

3. (a) FULL NAME Bessie Ophelia Bass (b) If Veteran name was ..... 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: Clyde L Bass — 6. (c) Age of husband or wife, if alive 46 yrs.

7. Birthdate of deceased October (Month) 13th (Day) 1897 (Year)

8. AGE: Years 44 | Months 7 | Days 13 — If less than one day hrs. ..... min. .....

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

10. Usual Occupation Housewife

11. Industry or Business .....

Father: 12. Name Jim Henry Steen
13. Birthplace Gonzales (City, town or county) Texas (State or Country)

Mother: 14. Maiden Name Mary M Sparrow
15. Birthplace Macon (City, town or county) Miss. (State or Country)

16. (a) Informant's own signature Clyde Bass
(b) Address 1233-9th Douglas Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas, Ariz (c) Date 5-27-42 19

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

19. (a) May 26 - 1942 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 5-26-42, 19 ..... ;
TIME (Hour and minute) 6-55 AM M.

21. I hereby certify that I attended the deceased from May 18 at ....., 1942 to May 26, 1942 that I last saw her alive on May 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia

Due to Acute Nephritis

Due to Paralytic Ileus

Due to Laparotomy

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings: Of operations Infected Tubes, Chronic Appendix, Cystic Ovary

Of autopsy Terminal Pneumonia, Acute Parenchymatous Nephritis

DURATION: 1 Day; 4 Days; May 21-42; May 19-42

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 [signature] M. D.
Address Douglas, Arizona Date signed 5-26-42