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132

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Greenlee (b) City or Town Gurman (c) Location Rural  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 1 week; in Arizona 2 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Greenlee; (c) City or Town Presencia  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_ (If NONE write the word)  
3. (a) FULL NAME Gaynelle O'Donnell (b) If Veteran no Social Security No. None  
same way

4. Sex girl 5. Color of face white 6. (a) Single, married, widowed or divorced single  
(b) Name of husband or wife none 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased July - 2 1940  
(Month) (Day) (Year)  
8. AGE: Years 1 Months 11 Days \_\_\_\_\_ If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Safford Arizona  
(City, town or county) (State or Country)  
10. Usual Occupation none  
11. Industry or Business \_\_\_\_\_  
12. Name Valden O'Donnell  
13. Birthplace Old Mexico  
(City, town or county) (State or Country)  
14. Maiden Name Helen Moffett  
15. Birthplace Gurman, Ariz  
(City, town or county) (State or Country)  
16. (a) Informant's own signature Burns Moffett  
(b) Address Gurman Ariz  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Gurman (c) Date 5-21-1942  
18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director \_\_\_\_\_  
(c) Address \_\_\_\_\_  
19. (a) 6-3-42 (Date received local Registrar)  
(b) Eugene Romney (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 5-19, 1942  
TIME (Hour and minute) 12 noon M.  
21. I hereby certify that I attended the deceased from 5-19-42  
to 5-19-42  
that I last saw her and not see her since  
and that death occurred on the date and hour stated above.  
Immediate cause of death Drowning  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy no  
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 Paul L. Telf M. D.  
Address Gurman Date signed 5-31-42

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically