807

Dr. O. C. West
STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

209

State File No.
Registrar's No. 701

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix, Rural (If outside city limits also write RURAL) (c) Location Southern Ariz. Health & Cultural School (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 Yrs.; In Community 20 Months; in Arizona 8 Yrs. (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona.; (b) County Graham; (c) City or Town Safford (If outside city limits also write RURAL)
(d) Street No. Rt. 1. Box 27; (e) Citizen of foreign country (yes or No) If Yes, which country (If NONE write the word)
3. (a) FULL NAME MARCELLA WELKER (b) If Veteran name war No. Social Security No. None

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Female	White	Single

6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased Dec. 18th, 1933 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
8	4	24	hrs. ..... min. .....

9. Birthplace Safford, Arizona. (City, town or county) (State or Country)
10. Usual Occupation Student
11. Industry or Business
Father: 12. Name Ronan Welker
13. Birthplace Safford, Arizona. (City, town or county) (State or Country)
Mother: 14. Maiden Name Emma Cooms
15. Birthplace Central, Arizona. (City, town or county) (State or Country)
16. (a) Informant's own signature Mr Ronan Welker, father
(b) Address Rt. 1. Box 27, Safford, Arizona.
17. (a) Burial, Cremation or Removal Removal
(b) Place Safford, Arizona. (c) Date 5-12-42 19
18. (a) Embalmer's Signature C. Stanley Clegg,
(b) Funeral Director A. L. Moore & Sons,
(c) Address Phoenix, Arizona.
19. (a) MAY 12 1942 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Reg 9-19-41

12-4.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 12th, 1942, 19 ;
TIME (Hour and minute) 4 a. m. M.
21. ~~I hereby certify that I attended the deceased from~~ I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED at Mortuary, ~~19 to~~ ; ~~that I last saw it alive on~~ 5-12-, 1942;
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Syncope
Due to Epileptic attacks frequent & severe
Due to
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 O. C. West M. D.
Address MEDICAL EXAMINER MARICOPA COUNTY PHOENIX, ARIZONA Date signed 5-12-42