ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 55
Registrar's No. 234

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 2 days; In Community 24 years; in Arizona 24 yrs (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. II55- 8th St.; (e) Citizen of foreign country (yes or No) no
If Yes, which country

3. (a) FULL NAME Laura Belle Cassidy (b) If Veteran name war Social Security No. None (If NONE write the word)

4. Sex: Female
5. Color or Race: White
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Frank Cassidy
6. (c) Age of husband or wife, if alive: Dead yrs.
7. Birthdate of deceased: February I9th I867 (Month) (Day) (Year)
8. AGE: Years 75 Months 9 Days I0 If less than one day hrs. min.
9. Birthplace: Quincy (City, town or county) Illinois (State or Country)
10. Usual Occupation: Home
11. Industry or Business:

Father
12. Name: Henry Clay Nichols
13. Birthplace: Kentucky (City, town or county) (State or Country)

Mother
14. Maiden Name: Frances Ackers
15. Birthplace: Illinois (City, town or county) (State or Country)

16. (a) Informant's own signature: Mrs M J. Cooney
(b) Address: 1218 - 13th St.

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Douglas Arizona (c) Date: 12-2-42 19

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

19. (a) Nov. 30 - 1942 (Date received local Registrar)
(b) E W Adamson (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) II-29-42, 19; TIME (Hour and minute) 4.20.P.M. M.

21. I hereby certify that I attended the deceased from Nov 1, 1942 to Nov 29, 1942 that I last saw h. alive on Nov 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — DURATION 5 Days
Due to: General Weakness — 1 month
Due to: Carcinoma of Stomach — ?
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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 Ariz. Date signed 11-30-42