2657

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 444
Register's No. 5

1. Place of Death: (a) County Pima (b) City or Town Ajo (If outside city limits also write RURAL) (c) Location New Cornelia Hosp (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 24 days; In Community 14 yrs (Specify whether years, months or days); In Arizona 14 yrs

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

(d) Street No.; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Mary Jane Belcher (b) If veteran name war (c) Social Security No. None (If NONE write the word)

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

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

7. Birthdate of deceased Dec 29 1856 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	0	26	hrs. min.

9. Birthplace Rochester Minn (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business None

Father { 12. Name Isaac Todd
13. Birthplace Manchester England (City, town or county) (State or Country)

Mother { 14. Maiden Name Margaret Johnston
15. Birthplace Manchester England (City, town or county) (State or Country)

16. (a) Informant's own signature H. J. Lyons
(b) Address Ajo, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Ajo Ariz (c) Date 1/23 1943

18. (a) Embalmer's Signature H. T. Lyons
(b) Funeral Director H. T. Lyons
(c) Address Ajo

19. (a) Feb - 2 - 1943 (Date received local Registrar)
(b) Lois L Whiteley (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 21 1943;
TIME (Hour and minute) 2:45 p M.

21. I hereby certify that I attended the deceased from Dec. 28 1942, to Jan. 21, 1943, that I last saw her alive on Jan. 21, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia — DURATION 2 days
Due to Intra-trochanteric fracture left femur — 24 days
Due to
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) Accident
(b) Date of occurrence 12/27/42
(c) Where did injury occur? Ajo (City or Town) Pima (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Fall

23. Signature H. T. Lyons M. D.
Address Ajo, Ariz Date signed 1-30-43