

1477

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 98  
Registrar's No. 24

1. Place of Death: (a) County Dila (b) City or Town Miami (c) Location Miami  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution none; In Community 30 years; in Arizona 30 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ind.; (b) County Dila; (c) City or Town Miami  
(If outside city limits also write RURAL)  
(d) Street No. 814 Sullivan St; (e) Citizen of foreign country (yes or No) no  
If Yes, which country no  
3. (a) FULL NAME Lulu Blanche Pool (b) If Veteran name war no (c) Social Security No. no

4. Sex Female 5. Color or Race white 6. (a) Single, married, widowed or divorced widowed  
6. (b) Name of husband Charles Pool 6. (c) Age of husband 48 yrs  
7. Birthdate of deceased August 28 1879  
(Month) (Day) (Year)  
8. AGE: Years 64 Months 7 Days 13 If less than one day  
hrs. min.

9. Birthplace Oxford New Jersey  
(City, town or county) (State & Country)

10. Usual Occupation Housewife

11. Industry or Business ✓

Father { 12. Name Unknown  
13. Birthplace ✓  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Unknown  
15. Birthplace ✓  
(City, town or county) (State or Country)

16. (a) Informant's own signature George A. Hanes  
(b) Address 1038 Adams

17. (a) Burial, Cremation or Removal Burial  
(b) Place Pinal (c) Date Apr. 12 1943

18. (a) Embalmer's Signature J. Ray Miles Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz.

19. (a) April 15 1943  
(Date received local Registrar)  
(b) Reese D. Brayton  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 9 1943;  
TIME (Hour and minute) 11 45 P. M.  
21. I hereby certify that I attended the deceased from 6/1/42 to 4/8 1943;  
that I last saw her alive on 4/8 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions hypertension - hyperemia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION 2 mos.  
10 yrs.  
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? \_\_\_\_\_ (or) Means of injury \_\_\_\_\_

23. Signature L. A. Daniels M.D. M. D.  
Address Miami Ariz. Date signed 4-15-43