

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 92  
Registrar's No. 25

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 419 Franz Ave.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution None; In Community 8 mo.; in Arizona 8 mo.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Miami  
(If outside city limits also write RURAL)  
(d) Street No. 419 Franz Ave. (e) Citizen of foreign country (yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_  
3. (a) FULL NAME Pauline Harris Mann (b) If Veteran name war No (c) Social Security No. None

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Married  
6. (b) Name of husband or wife Hubert Mann 6. (c) Age of husband or wife, if alive 38 yrs.  
7. Birthdate of deceased April 2 1914  
(Month) (Day) (Year)  
8. AGE: Years 29 Months 3 Days 7 If less than one day hrs. min.  
9. Birthplace Marion Co. Alabama  
(City, town or county) (State or Country)  
10. Usual Occupation Housewife  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name Joe Harris  
13. Birthplace Marion Co. Alabama  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Ella May Harji  
15. Birthplace Trautman Co. Alabama  
(City, town or county) (State or Country)

16. (a) Informant's own signature Hubert Mann  
(b) Address 419 Franz Miami Ariz.  
17. (a) Burial, Cremation or Removal Removal  
(b) Place Winfield Ala. (c) Date July 18 1943  
18. (a) Embalmer's Signature J. Neff Miles Jr  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz.  
19. (a) July 13 1943  
(Date received local Registrar)  
(b) Rebecca D Brayton  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 9 1943  
TIME (Hour and minute) 3:00 A.M.  
21. I hereby certify that I attended the deceased from more 1  
1942 to July 9 1943  
that I last saw her alive on July 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure  
Due to Bronchial Asthma  
Due to \_\_\_\_\_  
Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION	PHYSICIAN
<u>2 hrs</u>	
<u>10 yrs</u>	
	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 J. C. Gray M. D.  
Address Miami Ariz. Date signed July 12 1943