

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 35

Registrar's No. 54

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. J. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 6 wks.; In Community 1 yr. 6 mos.; in Arizona 4 yrs.
(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. 708 A Smith St. (e) Citizen of foreign country (yes or No) _____

3. (a) FULL NAME Katherine Nella Quinn (b) If Veteran name war _____ (c) Social Security No. 526-20-3701

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

6. (b) Name of husband Geo. L. Quinn 6. (c) Age of husband or wife, if alive 28 yrs.

7. Birthdate of deceased June 13 1913
(Month) (Day) (Year)

8. AGE: Years 30 Months 1 Days 1 If less than one day hrs. min.

9. Birthplace Leonard Colorado
(City, town or county) (State or Country)

10. Usual Occupation Nurse

11. Industry or Business _____

12. Name John P. Davis

13. Birthplace Parment Indiana
(City, town or county) (State or Country)

14. Maiden Name Mary B. Finnegan

15. Birthplace Bradford Colorado
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Harry Davis

(b) Address Gifle Colorado

17. (a) Burial, Cremation or Removal Removal

(b) Place Safford Ariz. (c) Date July 13 1943

18. (a) Embalmer's Signature Wiley Miles Jr.

(b) Funeral Director Wiley Mortuary

(c) Address Miami Ariz.

19. (a) July 16 1943
(Date received local Registrar)

(b) Nelson & Bray Twp
(Registrar's Signature)

20M 100% Rag 8-42 B. Co. County File No. _____ Date Received _____

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 14, 1943;
TIME (Hour and minute) 5:20 A. M.

21. I hereby certify that I attended the deceased from 5-18-43
7-14-43, 1943 to 8-14-43, 1943;
that I last saw her alive on 7-13-43, 1943;

and that death occurred on the date and hour stated above.
Immediate cause of Death Acute Cardiac
Decompensation

Due to Acute Rheumatic Fever

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 W. H. Adams M. D.

Address Miami, Ariz. Date signed 7-14-43

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically