

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 103

Registrar's No. 93

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 11 days; In Community 26 yrs; in Arizona 26 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. 46 Vernon St.; (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME Richard Mannell (b) If Veteran name was no (c) If Yes, which country USA
Social Security No. 527-07-7264 (If NONE write the word)

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

(b) Name of husband or wife Helen Mannell 6. (c) Age of husband or wife, if alive 63 yrs.

7. Birthdate of deceased Nov. 2 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 20
If less than one day hrs. min.

9. Birthplace Stamford Conn. England
(City, town or county) (State or Country)

10. Usual Occupation Carpenter + Miner

11. Industry or Business At Home

12. Name Richard Mannell

13. Birthplace Stamford England
(City, town or county) (State or Country)

14. Maiden Name Elizabeth Parsons

15. Birthplace Stamford England
(City, town or county) (State or Country)

16. (a) Informant's own signature Mavis Bensen
(b) Address Miami Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Miami Ariz (c) Date Dec 20 1943

18. (a) Embalmer's Signature [Signature]
(b) Funeral Director [Signature]
(c) Address [Address]

19. (a) December 30 1943
(Date received local Registrar)
(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 22, 1943;
TIME (Hour and minute) 11:00 A. M.

21. I hereby certify that I attended the deceased from 12-11-43 to 12-22-43, 1943;
that I last saw him alive on Dec 22-43, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Head of Paranasals?

Due to _____
Due to _____

Other conditions Biliary & Portal Hypertension
(Include pregnancy within 3 months of death)

Major findings: 5 cells
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 [Signature] M. D.
Address Miami, Ariz Date signed 12-29-43

DURATION
9
Cause of death
Carcinoma of Head of Paranasals
Statistically

PHYSICIAN
Underline the cause to which death should be charged statistically