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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 392
Registrar's No. 1994

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Owens Rest Home (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 yr.; In Community 1 yr.; In Arizona 60 yrs. (Specify whether years, months or days)

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

(d) Street No. None; (e) Citizen of foreign country (Yes or No) No
If Yes, which country None

3. (a) FULL NAME Margaret M. Wilhelm (b) If Veteran name war ---- (c) Social Security No. -----

4. Sex Female
5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased May 13, 1875 (Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 18 If less than one day hrs. ..... min. .....

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

10. Usual Occupation At home

11. Industry or Business

Father
12. Name Richard Baird
13. Birthplace Unk. (City, town or county) (State or Country)

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

16. (a) Informant's own signature Clyde I. Wilhelm, son
(b) Address St. Johns, Arizona - Box 606

17. (a) Burial, Cremation or Removal Removal
(b) Place St. Johns, Ariz. (c) Date Dec. 31 19 43

18. (a) Embalmer's Signature Stanley Clegg
(b) Funeral Director A. L. Moore and Sons
(c) Address Phoenix, Arizona

19. (a) DEC 31 1943 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

18 30M—100% Rag—5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 31, 1943, 19 ....;
TIME (Hour and minute) 8:15 A. M.

21. I hereby certify that I attended the deceased from Jan 31, 19 43 to Dec 31, 19 43; that I last saw her alive on December 30, 19 43; and that death occurred on the date and hour stated above.

Immediate cause of death
Paralytic stroke

Due to Cerebral accident

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

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 unknown
(c) Where did injury occur? unknown (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 A. C. [signature] M. D.
Address 15 E Monroe St. Date signed 12-31-43