ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 684
Registrar's No. 25

1. Place of Death: (a) County Yuma (b) City or Town Rural (If outside city limits write RURAL) (c) Location (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community Passing through (Specify whether years, months or days) ; In Arizona Passing thro

2. Usual Residence of Deceased: (a) State Texas ; (b) County ~~not known~~ Harris ; (c) City or Town Huston (If outside city limits write RURAL)

(d) Street No. ; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Helen Anderson (b) If veteran name war (c) Social Security No. none (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Femail	white	married

6. (b) Name of husband or wife: M.C. Anderson

6. (c) Age of husband or wife, if alive not known yrs.

7. Birthdate of deceased December 28th, 1912 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
31	II	29	hrs. min.

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

10. Usual Occupation House Wife

11. Industry or Business

Father: 12. Name S.G. Moulton
13. Birthplace Hutchenson, Kansas (City, town or county) (State or Country)

Mother: 14. Maiden Name Ruby L. Balsh
15. Birthplace Molton Alabama (City, town or county) (State or Country)

16. (a) Informant's own signature Beta B. Sussman
(b) Address 20 So 13th ave Phoenix Ariz

17. (a) Burial, Cremation or Removal removal
(b) Place Wickenburg (c) Date dec. 27 1943

18. (a) Embalmer's Signature
(b) Funeral Director
(c) Address WICKENBURG ARIZ.

19. (a) Jan 10. 44 (Date received local Registrar)
(b) John A. Parrone (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 27 1943;
TIME (Hour and minute) M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Auto 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) Accident
(b) Date of occurrence December, 27, 1943
(c) Where did injury occur? II east of Wenden, Ariz. (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway 60 (Specify type of place)
While at work? (e) Means of injury collision

23. Signature John A Parrone Exo-Officio Coron. M.D.
Address Salome Ariz Date signed Jan 10. 44