ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 56
Registrar's No. 32

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

(d) Length of Stay: In Hospital or Institution 15 Hours; In Community 6 Years; in Arizona 6 Years (Specify whether years, months or days)

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

(d) Street No. 451-9th Street; (e) Citizen of foreign country (yes or No) No

If Yes, which country

3. (a) FULL NAME Florence C Aaron (b) If Veteran name war — (c) Social Security No. None

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

6. (b) Name of husband or wife: Albert L Aaron

6. (c) Age of husband or wife, if alive 69 yrs.

7. Birthdate of deceased: 10 (Month) 18 (Day) 1892 (Year)

8. AGE: Years 51 Months 2 Days 8 If less than one day hrs. min.

9. Birthplace: Detroit (City, town or county) Michigan (State or Country)

10. Usual Occupation: Housewife

11. Industry or Business:

Father
12. Name: Thomas J Moore
13. Birthplace: Unknown (City, town or county) (State or Country)

Mother
14. Maiden Name: Mary Katherine ----(Unknown)
15. Birthplace: Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature: Albert L Aaron
(b) Address: 451-9th Street, Douglas, Ariz

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Douglas, Ariz (c) Date: 1-28-44 19

18. (a) Embalmer's Signature: E A Porter 72-A
(b) Funeral Director: Porter & Ames 29-A
(c) Address: Douglas, Arizona

19. (a) Jan. 27-44 (Date received local Registrar)
(b) C. W. Adamson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 1-26-1944, 19; TIME (Hour and minute) 2-30AM M.

21. I hereby certify that I attended the deceased from Jan 22, 1944 to Jan 26, 1944 that I last saw him alive on Jan 25, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Cardiac Disease with Decompensation.

Due to:

Due to:

Other conditions: Chronic nephritis (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
(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: [illegible] M. D.
Address: Douglas, Ariz Date signed: 1-26-44

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