

1839

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 302
Registrar's No. 440

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Arizona State Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 yr. 5 mos. 17 days Community 1 yr. 5 mos. 17 days Arizona unknown
(Specify whether years, months, or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Pima Cochise (c) City or Town Douglas
(If outside city limits also write RURAL)
(d) Street No. _____ (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (f) Social Security No. _____

3. (a) FULL NAME Eutharah Childers (b) If Veteran name war _____ (c) Social Security No. _____
4. Sex Male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Sept. 19, 1869
(Month) (Day) (Year)
8. AGE: Years 74 Months 5 Days _____ If less than one day hrs. _____ min. _____
9. Birthplace Polk County Missouri
(City, town or county) (State or Country)

10. Usual Occupation unknown
11. Industry or Business _____
Father { 12. Name Thomas N. Childers
13. Birthplace Cannon County, Tenn.
(City, town or county) (State or Country)
Mother { 14. Maiden Name Melvina Underwood Taylor
15. Birthplace Kentucky
(City, town or county) (State or Country)

16. (a) Informant's own signature _____
(b) Address Arizona State Hospital Phoenix, Arizona Records

17. (a) Burial, Cremation or Removal Burial
(b) Place Army State Hosp Date 3-4-44
18. (a) Embalmer's Signature A. H. McTeehan
(b) Funeral Director Army State Hosp
(c) Address Phoenix Army

19. (a) _____ Date received Local Registrar MAR 6 1944
(b) [Signature] Registrar's Signature

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 19, 1944
TIME (Hour and minute) 4:10 P. M.

21. I hereby certify that I attended the deceased from Dec. 3, 1943 to Feb. 19, 1944
that I last saw him alive on Feb. 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Chronic myocarditis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION
2 yrs.

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 Douglas Owen M. D.
Address Army State Hosp. Date signed 2/21/44