STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 637
Registrar's No. 306 C

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

(d) Length of Stay: In Hospital or Institution 2 Days; In Community 7 Years (Specify whether years, months or days); In Arizona 7 Years

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

(d) Street No. 230 N. Summit St.; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Mildred Clarine (b) If Veteran name war None (c) Social Security No. None

4. Sex: Fem.

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 Aug. 15, 1898 (Month) (Day) (Year)

8. AGE: Years 45 | Months 6 | Days 5 | If less than one day hrs. ____ min. ____

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

10. Usual Occupation None

11. Industry or Business

Father: 12. Name Nels P. Clarine; 13. Birthplace Sweden (City, town or county) (State or Country)

Mother: 14. Maiden Name Holda M. Blomdell; 16. Birthplace Sweden (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Herbst, Hazel
(b) Address 230 N. Summit

17. (a) Burial, Cremation or Removal Removal
(b) Place Fairbault, Minn. Date 3/11 1944

18. (a) Embalmer's Signature C E Hunter
(b) Funeral Director C. E. Hunter
(c) Address 143 So. Cortez St. Prescott

19. (a) March 11, 1944 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 20, 1944 19____;
TIME (Hour and minute) 5:00 A.M. ____ M.

21. I hereby certify that I attended the deceased from December 15, 1943 to Feb 20, 1944; that I last saw her alive on Feb 20, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure — DURATION 1 week

Due to Myocarditis with marked enlargement of heart — 2½ mos.

Due to Chronic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Florence B Yount M. D.
Address Prescott, Ariz. Date signed 2-26-44

18 30M—100% Rag—5/21/43