2295

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# ARIZONA STATE DEPARTMENT OF HEALTH
## DIVISION OF VITAL STATISTICS

State File No. 57
Registrar's No. 71

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

(d) Length of Stay: In Hospital or Institution 1 month-26 days; In Community 1 mo- 26 days (Specify whether years, months or days); In Arizona 29 Years

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

(d) Street No. Willcox, Arizona; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Mrs Augusta Rex (b) If Veteran name war -- (c) Social Security No. --

4. Sex: Female

5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ X

6. (a) Single, married, widowed or divorced: Widowed

6. (b) Name of husband or wife: Amos Rex

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

7. Birthdate of deceased April (Month) 29th (Day) 1865 (Year)

8. AGE: Years 78 | Months 10 | Days 24 | If less than one day hrs. ..... min. .....

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

10. Usual Occupation At Home

11. Industry or Business

Father: 12. Name -- Seibert
13. Birthplace (City, town or county) Unknown (State or Country)

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

16. (a) Informant's own signature Webster G Rex
(b) Address 748-North 3rd Ave Tucson, Ariz

17. (a) Burial, Cremation or Removal Removal
(b) Place Bowie, Ariz (c) Date 3-25-44 19

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

19. (a) March 25-1944 (Date received Local Registrar)
(b) E E Adamson (Registrar's Signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 3-23-1944, 19..... ;
TIME (Hour and minute) 8-15AM M.

21. I hereby certify that I attended the deceased from 1-27-44, 19..... to 3-23-44 19..... ;
that I last saw her alive on 3-23-44 19..... ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Cardio vascular disease

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
(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 G W Williamson M. D.
Address Douglas, Arizona Date signed 3-23-44

18 30M—100% Rag—5/21/43