

2329

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 91
Registrar's No. 41
Robert St.,
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Central Heights (c) Location Robert St.
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community _____; In Arizona _____
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State _____; (b) County _____; (c) City or Town _____
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. _____

3. (a) FULL NAME Clara Fayrene Mitchell

(b) If Veteran name war _____

(c) Social Security No. _____

4. Sex Female 5. Race White 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. 29 1943
(Month) (Day) (Year)

8. AGE: Years 5 Months 4 Days _____ If less than one day
hrs. _____ min. _____

9. Birthplace Central Heights, Arizona
(City, town or county) (State or Country)

10. Usual Occupation _____
11. Industry or Business _____

Father { 12. Name Clarence Roy Mitchell
13. Birthplace Sayre, Oklahoma
(City, town or county) (State or Country)

Mother { 14. Maiden Name Catherine Bell Upshaw
15. Birthplace Deming, New Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Clarence R. Mitchell
(b) Address Central Heights, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Arizona Date 3/4/44 19__

18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) April 10-44
(Date received Local Registrar)
(b) Jane Wamler
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 3rd, 1944
TIME (Hour and minute) 5:00 AM M.

21. I hereby certify that I attended the deceased from Sept 24-49 to Sept 29-49
that I last saw her alive on Sept 29-49
and that death occurred on the date and hour stated above.

Immediate cause of death Enterocolitis

DURATION 2 weeks.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations: _____
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 Raymond Loran M. D.
Address Infirmary Date signed 4-9-44