586

affidavit attached

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 557
Registrar's No. 341e

1. Place of Death: (a) County Yavapai (b) City or Town Rural (If outside city limits also write RURAL) (c) Location 726 5th Street (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution —; In Community 8 Yrs.; In Arizona 67 Yrs. (Specify whether years, months or days)

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

(d) Street No. 726 5th Street; (e) Citizen of foreign country (Yes or No) No; If Yes, which country

3. (a) FULL NAME Ellen Irene Newman (b) If Veteran name war None (c) Social Security No. None

4. Sex: Female

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

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

6. (b) Name of husband or wife: R. L. Newman

6. (c) Age of husband or wife, if alive 75 yrs.

7. Birthdate of deceased Dec. (Month) 8 (Day) 1877 (Year)

8. AGE: Years 66 Months 4 Days 19 If less than one day hrs. min.

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

10. Usual Occupation Housewife

11. Industry or Business

Father
12. Name Orville E. Bates
13. Birthplace Nauvoo (City, town or county) Illinois (State or Country)

Mother
14. Maiden Name Sarah Ellen Wakefield
15. Birthplace — — — (City, town or county) Iowa (State or Country)

16. (a) Informant's own signature Mrs. C. W. Stevens
(b) Address Prescott, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Prescott, Ariz. (c) Date April 30, 44

18. (a) Embalmer's Signature Tom Flynn
(b) Funeral Director C. E. Hunter
(c) Address Prescott, Ariz.

19. (a) May 1, 1944 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 27, 1944; TIME (Hour and minute) 9:00 A.M.

21. I hereby certify that I attended the deceased from Apr 26/44, 19__ to Apr 27/44, 19__; that I last saw h. alive on Apr 26/44, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — DURATION 1 day

Due to

Due to

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 [signature] M. D.
Address Prescott Ariz. Date signed Apr 28/44

18 30M—100% Rag—5/21/48