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STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 95

Registrar's No.

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 54 Gordon St.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 27 yrs.; In Arizona 27 yrs.  
(Specify whether years, months or days)

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

(d) Street No. 54 Gordon St.; (e) Citizen of foreign country (Yes or No) No.  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME Helen Mannell (b) If Veteran name war. No. (c) Social Security No. none

4. Sex Female 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband or wife Richard Mannell 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased Jan. 1, 1880  
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 16 If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual Occupation Domestic

11. Industry or Business \_\_\_\_\_

Father { 12. Name John Knowles  
13. Birthplace Stratford England  
(City, town or county) (State or Country)

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

16. (a) Informant's own signature Maxine Benschlin  
(b) Address 54 Gordont Miami

17. (a) Burial, Cremation or Removal Burial  
(b) Place Cinola Cem. (c) Date May 23, 1944

18. (a) Embalmer's Signature J. M. Miles Jr.  
(b) Funeral Director W. H. Martiney  
(c) Address Miami Arizona

19. (a) May 25 1944  
(Date received local Registrar)

(b) Nessiah Brayton  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 17, 1944  
TIME (Hour and minute) 4:00 a.m.

21. I hereby certify that I attended the deceased from MAY 1  
1944 to MAY 17, 1944  
that I last saw h. ER alive on MAY 16, 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon

DURATION  
2 YRS

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? M  
(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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Maxine Benschlin M. D.  
Address Miami Ariz. Date signed 5-24-44