1874

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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.
Registrar's No.

1. Place of Death: (a) County Cochise (b) City or Town Wilcox (If outside city limits also write RURAL) (c) Location Maley Street (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 15 yrs ; In Arizona 15 yrs (Specify whether years, months or days)

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

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

3. (a) FULL NAME Helen Jean Wear. (b) If Veteran name war NO (c) Social Security No.

4. Sex: Female

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 July (Month) 16th (Day) 1929 (Year)

8. AGE: Years 15 Months — Days 10 If less than one day hrs. min.

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

10. Usual Occupation at Home

11. Industry or Business

Father
12. Name William Dudley Ware
13. Birthplace Sterling, Texas (City, town or county) (State or Country)

Mother
14. Maiden Name Bessie Lea Simpson
15. Birthplace Midland, Texas (City, town or county) (State or Country)

16. (a) Informant's own signature Bessie L. Wear
(b) Address Wilcox, Arizona.

17. (a) Burial, Cremation or Removal Burial
(b) Place Flying X Ranch (c) Date 7-22 1944

18. (a) Embalmer's Signature John J. Reilly Jr.
(b) Funeral Director Reilly Undertaking Co.
(c) Address Tucson, Arizona

19. (a) 7/21/44 (Date received Local Registrar)
(b) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 20th 1944
TIME (Hour and minute) 9:30 P.M.

21. I hereby certify that I attended the deceased from July 16th, 1944 to July 18 1944 that I last saw h alive on July 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Pneumonia

Due to Measles

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 [illegible] M. D.
Address Wilcox Date signed 7/21/44

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