

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location St. Mary's Hospital  
 (d) Length of Stay: In Hospital or Institution 9 1/2 days; In Community 9 months; In Arizona 9 months  
 2. Usual Residence of Deceased: (a) State Ohio; (b) County Cuyahoga; (c) City or Town Cleveland  
 (d) Street No. 701 E. Adams; (e) Citizen of foreign country (Yes or No) No  
 3. (a) FULL NAME Elizabeth J. Archambault (b) If Veteran name war no (c) Social Security No. none

State File No. 365 853  
 Registrar's No. St. Mary's Hospital  
 (St. & No. (or) Name of Institution)

4. Sex Female 5. Race White  Indian  Negro   Oriental   
 6. (a) Single, married, widowed or divorced married  
 (b) Name of husband or wife Geo. A. Archambault (c) Age of husband or wife, if alive 29 yrs.  
 7. Birthdate of deceased July 12<sup>th</sup> 1918  
 8. AGE: Years 26 Months 2 Days 5 hrs. min.  
 9. Birthplace Cleveland Ohio  
 (City, town or county) (State or Country)

10. Usual Occupation Housewife  
 11. Industry or Business Housewife  
 12. Name Harry De Lashmitt  
 13. Birthplace unknown  
 (City, town or county) (State or Country)  
 14. Maiden Name Yance  
 15. Birthplace unknown  
 (City, town or county) (State or Country)

16. (a) Informant's own signature George Archambault  
 (b) Address Tucson Ariz  
 17. (a) Burial, Cremation or Removal Removal  
 (b) Place Cleveland Ohio (c) Date Sept 19 1944  
 18. (a) Embalmer's Signature Chris Gully  
 (b) Funeral Director Billy Indutakeny Co  
 (c) Address Tucson Ariz

19. (a) 9-19-44 (Date received by Registrar)  
 (b) L. J. Howard M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 17<sup>th</sup> 1944  
 TIME (Hour and minute) 8:30 A.M.  
 21. I hereby certify that I attended the deceased from 7<sup>th</sup> 44 to Sept 17<sup>th</sup> 1944  
 that I last saw h. er alive on Sept 16<sup>th</sup> 1944  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Post-haemorrhagic pneumonia

DURATION

7 yrs.

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)  
 (e) Means of injury \_\_\_\_\_  
 While at work? \_\_\_\_\_

23. Signature Charles H. Mills M.D.  
 Address 123 S. St. Mary Date signed Sept 18 44