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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. 504
Registrar's No. 181

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location Yuma General Hosp. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 6 days (Specify whether years, months or days) In Community 5 yrs; in Arizona 16 yrs
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma; (c) City or Town Yuma (If outside city limits also write RURAL)
(d) Street No. 990 3rd ave; (e) Citizen of foreign country (yes or No) Yes
If Yes, which country England
3. (a) FULL NAME Mary Ann Bell (b) If Veteran name war — (c) Social Security No.

4. Sex Female | 5. Color or Race White | 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife George Henry Bell (c) Age of husband or wife, if alive 72 yrs.
7. Birthdate of deceased Sept 12 1878 (Month) (Day) (Year)
8. AGE: Years 66 | Months 1 | Days 12 | If less than one day hrs. min.
9. Birthplace England (City, town or county) (State or Country)
10. Usual Occupation Hwfe
11. Industry or Business Home
Father: 12. Name Will Hurdle
13. Birthplace England (City, town or county) (State or Country)
Mother: 14. Maiden Name Henrietta Mills
15. Birthplace England (City, town or county) (State or Country)
16. (a) Informant's own signature George H Bell
(b) Address 990 - 3rd ave Yuma Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Ariz (c) Date 10/25 1944
18. (a) Embalmer's Signature O. Johnson
(b) Funeral Director The Johnson mortuary
(c) Address Yuma Arizona
19. (a) October 24 1944 (Date received local Registrar)
(b) Mary A. Kupferman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 24, 1944;
TIME (Hour and minute) 11:30 a M.
21. I hereby certify that I attended the deceased from Oct 19, 1944 to Oct 24, 1944;
that I last saw her alive on Oct 24, 1944;
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral embolism
Due to auricular fibrillation
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Extreme adenocarcinoma of sigmoid colon
Of autopsy

DURATION: 10 hrs

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 Yuma, Ariz Date signed 10/24/44

20M 100% Rag 8-42 B. Co. County File No. Date Received