

1121

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 71
Registrar's No. 171

1. Place of Death: (a) County Gila (b) City or Town Claypool (c) Location Lime Quarry
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 3 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 Claypool
(If outside city limits also write RURAL)
(d) Street No. Lime Quarry; (e) Citizen of foreign country (yes or No) No
3. (a) FULL NAME Helen Randall (b) If Veteran No (c) Social Security No. None

4. Sex Female 5. Color or Race Indian 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Alfonso Randall 6. (c) Age of husband or wife, if alive 36 yrs.
7. Birthdate of deceased ? ? 1917
(Month) (Day) (Year)
8. AGE: Years 27 Months ? Days ? If less than one day hrs. min.

9. Birthplace Pyre Creek Gila Co. Ariz
(City, town or county) (State or Country)
10. Usual Occupation Domestic
11. Industry or Business
Father } 12. Name Constant Bread
13. Birthplace Gila Co. Ariz
(City, town or county) (State or Country)
Mother } 14. Maiden Name Cleo ?
15. Birthplace San Carlos Ariz
(City, town or county) (State or Country)

16. (a) Informant's own signature Young Bread
(b) Address Lime Quarry Claypool Ariz
17. (a) Burial, Cremation or Removal Removal
(b) Place San Carlos Ariz (c) Date Nov 11 1944
18. (a) Embalmer's Signature J. M. Miles Jr.
(b) Funeral Director Walter Mortuary
(c) Address Miami Ariz
19. (a) Nov 11 1944
(Date received local Registrar)
(b) Alison D. Grayson
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Nov. 10 1944
TIME (Hour and minute) 4:00 P M
21. I hereby certify that I attended the deceased from after death to Nov 11 1944
that I last saw her alive on Nov 11 1944
and that death occurred on the date and hour stated above.
Immediate cause of death: Septicemia Hemorrhage
Due to Child birth
Due to Placenta previa
Other conditions: pregnancy
(Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy.

DURATION
8 days
12 days
7 mos
12 months
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 Alison D. Grayson M. D.
Address Miami Ariz Date signed Nov 11 1944