1327

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 81
Registrar's No. 38

1. Place of Death: (a) County Gila (b) City or Town Globe (If outside city limits also write RURAL) (c) Location 178 View St., (St. & No. (or) Name of Institution)

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

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

(d) Street No. 178 View St., ; (e) Citizen of foreign country (yes or No) ; If Yes, which country

3. (a) FULL NAME Lucille Jane Bowden (b) If Veteran name war No (c) Social Security No. No

4. Sex: Female | 5. Color or Race: White | 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 August 11th 1943 (Month) (Day) (Year)

8. AGE: Years 1 | Months 8 | Days 8 | If less than one day hrs. ... min.

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

10. Usual Occupation

11. Industry or Business

Father: 12. Name William Archie Bowden
13. Birthplace Globe, Arizona (City, town or county) (State or Country)

Mother: 14. Maiden Name Agnes Martha Schmidt
15. Birthplace Globe, Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature Wm. Archie Bowden
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 4/22/45 19

18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) May 2-45 (Date received local Registrar)
(b) Irene Wamelle (Registrar's Signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 19th 1945 ;
TIME (Hour and minute) 8:30 PM

21. I hereby certify that I attended the deceased from Jan. 23, 1944, 19 to April 19, 19 45; that I last saw her alive on April 3, 19 45; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to

Due to

Other conditions Dextrocardia with (Include pregnancy within 3 months of death)

Major findings: Of operations Patent ductus arteriosus

Of autopsy

DURATION 30 minutes

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 Adrian C. Clark M. D.
Address Globe, Arizona Date signed 4/27/45