

1290

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 25
Registrar's No. 1945-47

1. Place of Death: (a) County Apache (b) City or Town McNary (c) Location McNary Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 6 Days; In Community 16 years; in Arizona 16 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Apache (c) City or Town McNary
(If outside city limits also write RURAL)
(d) Street No. _____ (e) Citizen of foreign country (yes or No) _____
3. (a) FULL NAME Merle Elizabeth Baker Willis (b) If Veteran name war No. (c) Security No. _____

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband Melbourne H. Willis 6. (c) Age of husband or wife, if alive 30 yrs.
7. Birthdate of deceased September 19, 1915
(Month) (Day) (Year)
8. AGE: Years 30 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace Wicks, Arkansas
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business Own home
Father { 12. Name Robert H. Baker
13. Birthplace Wicks, Arkansas
(City, town or county) (State or Country)
Mother { 14. Maiden Name Sarah P. Lebow
15. Birthplace Wicks Arkansas
(City, town or county) (State or Country)

16. (a) Informant's own signature _____
(b) Address McNary, Arizona.

17. (a) ~~Place of Burial~~ Removal to Winslow, Arizona
for burial (b) Place Winslow, (c) Date 9-22-1945
18. (a) Embalmer's Signature J. J. Scott
(b) Funeral Director Scott & McMillen
(c) Address Winslow, Ariz

19. (a) 9/19/45
(Date received local Registrar)
(b) [Signature]
(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) 9-19-45
TIME (Hour and minute) 12:25 A M.
21. I hereby certify that I attended the deceased from 9-9-45 to 9-19-45
that I last saw h. alive on 9-19-45
and that death occurred on the date and hour stated above.

Immediate cause of death Rocky Mountain Spotted Fever
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION 11 days
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 McNary, Arizona Date signed 9-19-45