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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

Dr. Juchur
State File No. 536

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

Registrar's No. 23

1. Place of Death: (a) County Pinal (b) City or Town Florence (c) Location Residence
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 73 Yrs.; In Arizona 73 Yrs.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz. (b) County Pinal (c) City or Town Florence
(If outside city limits also write RURAL)

(d) Street No. _____ (e) Citizen of foreign country (Yes or No) _____
if Yes, which country _____ (c) Social Security No. _____

3. (a) FULL NAME Mrs. Carmen B. Elliott (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Female 5. Race White 6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased no record 1854
(Month) (Day) (Year)

8. AGE: Years 91 Months _____ Days _____ If less than one day hrs. _____ min. _____

9. Birthplace Sonora, Mexico
(City, town or county) (State or Country)

10. Usual Occupation Old age Assistance

11. Industry or Business _____

12. Name No-Record

13. Birthplace _____ (City, town or county) (State or Country)

14. Maiden Name _____

15. Birthplace _____ (City, town or county) (State or Country)

16. (a) Informant's own signature Allen Elliott
(b) Address Florence, Ariz.

17. (a) Burial, Cremation or Removal xxxxxx
(b) Place Florence, Ariz. (c) Date Mar. 18, 1946

18. (a) Embalmer's Signature Nelson A. Gale
(b) Funeral Director Gale & Mand Mortuary
(c) Address Florence, Ariz.

19. (a) May 9, 1946 (Date received Local Registrar)
(b) D O Martin (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar. 16, 1946 19____ M.
TIME (Hour and minute) 6:30

21. I hereby certify that I attended the deceased from 16 Mar 1946 to 16 Mar 1946
that I last saw her alive on 16 Mar 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Seriously

Due to _____
Due to _____

Other conditions (include pregnancy within three months of death)
Major findings:
Of operations _____

Of autopsy _____

DURATION

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 [Address] Date signed 3/22/46