

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

80

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____
Registrar's No. _____

1. Place of Death: (a) County Gila (b) City or Town Winkelman (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 44 Years; In Arizona 68 Years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Winkelman
(If outside city limits also write RURAL)
(d) Street No. EAST RANDALL ST; (e) Citizen of foreign country (Yes or No) No
3. (a) FULL NAME Mary Margaret Piper (b) If Veteran name war _____ (c) Social Security No. 110

4. Sex Fem 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife Frank Perkins Piper 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased February 25, 1853
(Month) (Day) (Year)
8. AGE: Years 93 Months _____ Days _____ If less than one day
hrs. _____ min. _____
9. Birthplace Stony Point Mo.
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business Own home
Father { 12. Name Felix G. Harding
13. Birthplace Clay Co., Mo.
(City, town or county) (State or Country)
Mother { 14. Maiden Name Teresa Lewis
15. Birthplace Clay County, Mo.
(City, town or county) (State or Country)

16. (a) Informant's own signature Richard Herring
(b) Address Hayden Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Winkelman (c) Date 4-11- 1946
18. (a) Embalmer's Signature P. G. Hutton
(b) Funeral Director P. G. Hutton
(c) Address Winkelman Ariz
19. (a) April 11-46 (Date received Local Registrar)
(b) P. G. Hutton (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 10, 1946;
TIME (Hour and minute) Two A.M.
21. I hereby certify that I attended the deceased from 2-17-46
_____, 19____ to 4-10, 1946;
that I last saw her alive on 4-9-46, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial degeneration.
Due to _____
Due to _____
I. Acute Hepatitis
Other conditions 2. Hypostatic Pneumonia
(Include pregnancy within three months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
Years
2 Weeks
2 1/2 Weeks
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 John C. Carmel M. D.
Address Hayden Ariz Date signed April 11-46