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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____
Registrar's No. _____

1. Place of Death: (a) County Apache (b) City or Town St Johns (c) Location Home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution no; In Community years 25 years; In Arizona years 35 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Apache (c) City or Town St Johns
(If outside city limits also write RURAL)
(d) Street No. St Johns; (e) Citizen of foreign country (Yes or No) no
If Yes, which country West Virginia (c) Social Security No. none
3. (a) FULL NAME Mildred L. Connelly (b) If Veteran name war no

4. Sex Female 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Married 6. (c) Age of husband
(b) Name of husband Robert Co. Connelly or wife, if alive 68 yrs.
7. Birthdate of deceased: Dec 14 1865
(Month) (Day) (Year)
8. AGE: Years 80 Months 4 Days 28 hrs. 4 min. 10 P.m.
9. Birthplace Spencer, Roan. West Virginia
(City, town or county) (State or Country)
10. Usual Occupation House Wife
11. Industry or Business _____
Father { 12. Name Andrew J. Wright
13. Birthplace Put. Knobs West. V. A.
(City, town or county) (State or Country)
Mother { 14. Maiden Name Emaline Norman
15. Birthplace Richardson West. V. A.
(City, town or county) (State or Country)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) 5-12, 1946.
TIME (Hour and minute) 4:10 P.M.
21. I hereby certify that I attended the deceased from February 25, 1946 to May 12, 1946.
that I last saw her alive on May 11, 1946.
and that death occurred on the date and hour stated, above.
Immediate cause of death Heart Disease Mitral Regurgitation
Due to Pneumonia Latens
Other conditions none (Include pregnancy within three months of death)
Major findings: none
Of operations none
Of autopsy none

DURATION
5 years
2 weeks
PHYSICIAN
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Moak O. Connelly
(b) Address St Johns Ariz.
17. (a) Burial, Cremation, or Removal Burial
(b) Place St Johns Ariz. (c) Date May 14 1946
18. (a) Embalmer's Signature _____
(b) Funeral Director Mello Gyer (Ariz)
(c) Address St Johns Ariz.
19. (a) May 24 1946
(Date received Local Registrar)
(b) Leon W. Leap
(Registrar's Signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) no
(b) Date of occurrence none
(c) Where did injury occur? no (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? no (e) Means of injury none
23. Signature Thurmond D. Cremon M. D.
Address St Johns Date signed 5-13-46