2414

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 75
Registrar's No. 50

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Gila (b) City or Town Miami (If outside city limits also write RURAL) (c) Location 509 Sullivan St. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 51 yrs (Specify whether years, months or days); In Arizona 51 yrs.

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

(d) Street No. 509 Sullivan St.; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Kathryn Winona Bernstein (b) If Veteran name war (c) Social Security No. 565-32-2142

4. Sex Female | 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ | 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Abe Bernstein | 6. (c) Age of husband or wife, if alive 60 yrs.

7. Birthdate of deceased Mar. (Month) 23 (Day) 1890 (Year)

8. AGE: Years 51 | Months 4 | Days 11 | If less than one day hrs. min.

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

10. Usual Occupation Housewife

11. Industry or Business

Father { 12. Name James Frederick
13. Birthplace Bellville (City, town or county) Ohio (State or Country)

Mother { 14. Maiden Name Kate Blevins
15. Birthplace (City, town or county) Tenn. (State or Country)

16. (a) Informant's own signature Abe Bernstein
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Ariz. (c) Date Aug. 16 19 46

18. (a) Embalmer's Signature J. Ney Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.

19. (a) August 23 1946 (Date received Local Registrar)
(b) Nelson D. Chaffin (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 14, 19 46
TIME (Hour and minute) 2:00 A. M.

21. I hereby certify that I attended the deceased from Aug. 13, 19 46, to Aug 14, 19 46, that I last saw her alive on Aug. 13, 19 46, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix with anemia

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 Robert Wade M. D.
Address Miami, Ariz. Date signed 8-17-46

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