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**ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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

(d) Length of Stay: In Hospital or Institution ; In Community 62 yrs ; In Arizona 62 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Cochise ; (c) City or Town St Johns
(If outside city limits also write RURAL)

(d) Street No. none ; (e) Citizen of foreign country (Yes or No) no
If Yes, which country

3. (a) FULL NAME Caroline Jones (b) If Veteran name war no (c) Social Security No.

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

6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife, if alive Yrs.

7. Birthdate of deceased May 10 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 4 If less than one day hrs. min.

9. Birthplace Cowden, W. Wales
(City, town or county) (State or Country)

10. Usual Occupation at home

11. Industry or Business

Father { 12. Name William Chittenden
13. Birthplace Kent England
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mary Deuster
15. Birthplace Kent England
(City, town or county) (State or Country)

16. (a) Informant's own signature Tom Jones
(b) Address St Johns, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place St Johns (c) Date 11-15-1946

18. (a) Embalmer's Signature No embalming
(b) Funeral Director Dean B. Nethy
(c) Address Springerville, Ariz.

19. (a) Dec 6 1946
(Date received Local Registrar)
(b) Luona W Neay
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 11-14 1946 ;
TIME (Hour and minute) 12:03 a. m.

21. I hereby certify that I attended the deceased from 11-4 1946 to 11-14 1946
that I last saw h. or alive on 11-13 1946
and that death occurred on the date and hour stated above.

Cause of death Varicella Virus

Due to Varicella

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: none
Of operations

Of autopsy none

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 Quynne D. Premer M. D.
Address St Johns Date signed 11-15-46

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically