1283

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 75
Registrar's No. 73

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

(d) Length of Stay: In Hospital or Institution ____; In Community 14 yrs (Specify whether years, months or days); In Arizona 82 64 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. 435 Miami Gardens; (e) Citizen of foreign country (Yes or No) No If Yes, which country ____

3. (a) FULL NAME Lydia Theresa Wanaley Hubbard (b) If Veteran name war ____ (c) Social Security No. No

4. Sex: Female

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced: Widowed

6. (b) Name of husband or wife: Freeman Hubbard

6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased July (Month) 3 (Day) 1867 (Year)

8. AGE: Years 79 | Months 4 | Days 23 | If less than one day hrs. ____ min. ____

9. Birthplace Bloomington (City, town or county) Idaho (State or Country)

10. Usual Occupation Housewife

11. Industry or Business ____

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

Mother
14. Maiden Name Mary A. Collett
15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Olive Hubbard
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Pima Ariz. (c) Date Nov. 29 19 46

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

19. (a) 12/7/46 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 26, 1946;
TIME (Hour and minute) 1:05 A. M.

21. I hereby certify that I attended the deceased from Sept 7-46, 19____ to Nov 26-46, 19____; that I last saw her alive on Nov 26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Fracture of Neck of Left Femur

Due to ____

Other conditions ____ (Include pregnancy within three months of death)

Major findings:
Of operations ____

Of autopsy ____

DURATION
1 wk
Sept 7-

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) Accidental
(b) Date of occurrence Nov 26-46
(c) Where did injury occur? Miami (City or Town), Gila (County), Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? ____ (e) Means of injury Fall

23. Signature [signature] M. D.
Address Miami Date signed 12-7-46

40M—100% Rag—6-45