

1359

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 143

Registrar's No. 11

1. Place of Death: (a) County Maricopa (b) City or Town Scottsdale, rural (c) Location 8 mile N.E. on desert
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 23 years; In Arizona 23 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix
(If outside city limits also write RURAL)
(d) Street No. 706 W. Taylor; (e) Citizen of foreign country (Yes or No) no
If Yes, which country _____
3. (a) FULL NAME William LeRoy Bell (b) If Veteran name war WWI (c) Social Security No. _____

4. Sex M 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Ottie Bell 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased March 13, 1895
(Month) (Day) (Year)
8. AGE: Years 51 Months 7 Days 25 If less than one day
hrs _____ min _____
9. Birthplace Newton, Illinois
(City, town or county) (State or Country)
10. Usual Occupation Owner & Operator
11. Industry or Business Apartments and Tavern
Father { 12. Name William Leland Bell
13. Birthplace Missouri
(City, town or county) (State or Country)
Mother { 14. Maiden Name unk.
15. Birthplace unk.
(City, town or county) (State or Country)

16. (e) Informant's own signature Mrs. Ottie Bell
(b) Address 706 W. Taylor, Phoenix, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood-Phx (c) Date Nov 12 1946
18. (a) Embalmer's Signature Stavly Clegg
(b) Funeral Director A L Moore & Sons
(c) Address 333 W Adams, Phoenix, Ariz.
19. (a) Nov 13-1946
(Date received Local Registrar)
(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 8, 1946
TIME (Hour and minute) about 6:30 A.M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
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) accident
(b) Date of occurrence Nov 8-1946
(c) Where did injury occur? Maricopa Arizona
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Desert-Paradise Valley
(Specify type of place)
While at work? no (e) Means of injury plane crash
23. Signature [Signature] Date signed Nov. 13-46
Address Scottsdale Ariz