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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. 312
Registrar's No.

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

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

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

(d) Street No. 603 Whipple; (e) Citizen of foreign country (Yes or No) No
If Yes, which country

3. (a) FULL NAME Mrs. Eula C. Helms (b) If Veteran name war None (c) Social Security No. None

4. Sex: Female
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Charles E. Helms
6. (c) Age of husband or wife, if alive: 52 yrs.
7. Birthdate of deceased: February 22, 1891 (Month) (Day) (Year)
8. AGE: Years 55 | Months 9 | Days 7 | If less than one day hrs. min.
9. Birthplace: (City, town or county) Oklahoma (State or Country)
10. Usual Occupation: Housewife
11. Indusiry or Business:

Father
12. Name: Howell Cobb
13. Birthplace: (City, town or county) Georgia (State or Country)

Mother
14. Maiden Name: Mary Jane Ross
15. Birthplace: (City, town or county) Texas (State or Country)

16. (a) Informant's own signature: Fred M. Storey
(b) Address: 512 Hillside, Prescott, Arizona

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Prescott (c) Date: Dec. 2, 1946

18. (a) Embalmer's Signature: [illegible]
(b) Funeral Director: Lester Ruffner Jr.
(c) Address: Prescott, Arizona

19. (a) 11/27/46 (Date received Local Registrar)
(b) Naomi [illegible] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 27, 19 46;
TIME (Hour and minute) 7.45 P.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: Head Injuries, Multiple fractures of legs & arms lacerations etc.

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: November 27, 1946
(c) Where did injury occur? Wittman, Maricopa, Arizona (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 89 (Specify type of place)
While at work? No (e) Means of injury: Auto accident

23. Signature: Bob C. Helms M. D.
Address: Date signed 12/3/46

40M—100% Rag—6-10-44