

1952

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 87

Registrar's No. 22

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

(d) Length of Stay: In Hospital or Institution 15 Day; In Community unknown; In Arizona 16 years
(Specify whether years, months or days)

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

(d) Street No. 480 Gibson (e) Citizen of foreign country (Yes or No) NO
If Yes, which country (c) Social Security No. None

3. (a) FULL NAME Ella Bell Mitchell (b) If Veteran name war (c) Social Security No. None

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

7. (b) Name of husband or wife Stephen Mitchell 6. (c) Age of husband or wife, if alive 40 yrs.

8. Birthdate of deceased March 27 - 1918
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 19 hrs. min.

9. Birthplace Tulsa Co. Okla (City, town or county) (State or Country)

10. Usual Occupation House wife

11. Industry or Business

Father { 12. Name John Williams
13. Birthplace unknown Missouri (City, town or county) (State or Country)

Mother { 14. Maiden Name Virginia unknown
15. Birthplace unknown unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Ruth Elmer
(b) Address Stafford Ariz

17. (a) Burial, Cremation or Removal Removal
(b) Place Stafford Ariz (c) Date 12/19/46

18. (a) Embalmer's Signature W. H. Miles Jr.
(b) Funeral Director W. H. Miles Jr.
(c) Address Globe, Arizona

19. (a) Dec. 17 - 46
(Date received Local Registrar)
(b) Dorcas Warrillee
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 16 1946
TIME (Hour and minute) 5:30 A M.

21. I hereby certify that I attended the deceased from Dec 16 1946 to Dec 16 1946
that I last saw her alive on Dec 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations _____

Of autopsy none

DURATION

Golden

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? _____ (g) Means of injury _____

23. Signature Walter M. O'Brien M. D.
Address Globe Ariz Date signed 12-17-46