2624

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 331
Registrar's No. 849

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location Med. Center (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 4 MO.; In Community 5 Yrs. (Specify whether years, months or days); In Arizona 5 Yrs.
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Pima (c) City or Town Tucson (If outside city limits also write RURAL)
(d) Street No. 1310 Rogers Rd.; (e) Citizen of foreign country (Yes or No) NO
If Yes, which country
3. (a) FULL NAME Ellen Adalyn Urschel (b) If veteran name war (c) Social Security No.

4. Sex F
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased Dec. 12, 1940 (Month) (Day) (Year)
8. AGE: Years 6 Months 8 Days 24 If less than one day hrs. ..... min. .....
9. Birthplace Hunnington, Ind. (City, town or county) (State or Country)
10. Usual Occupation Child
11. Industry or Business
Father 12. Name Eldon Urschel
13. Birthplace Wabash, Ind. (City, town or county) (State or Country)
Mother 14. Maiden Name Mary Davis
15. Birthplace Chicago, Ill (City, town or county) (State or Country)
16. (a) Informant's own signature Eldon Urschel
(b) Address 1310 Rogers Rd.
17. (a) Burial, Cremation or Removal Burial
(b) Place South Lawn (c) Date 9-9-47 19
18. (a) Embalmer's Signature Don Baxter
(b) Funeral Director Parker Mortuary
(c) Address Tucson, Arizona.
19. (a) 9-9-47 (Date received Local Registrar)
(b) Teresa H. Oakey Deputy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 9-6-47, 19 ...;
TIME (Hour and minute) 10-25 A. M.
21. I hereby certify that I attended the deceased from Feb, 1943 to 9-6-47, 19 ...;
that I last saw her alive on 9-5-47; 19 ...;
and that death occurred on the date and hour stated above.
Immediate cause of death Rheumatic heart disease
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy 1. Rheumatic heart 2. Congestive failure

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)
(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 William H. Gault M. D.
Address 2820 E. 6th Date signed 9-9-47

40M—100% Rag—1-47