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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

6334

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No.

Registrar's No. 213

1. Place of Death: (a) County Cochise (b) City or Town Douglas(rural) (If outside city limits also write RURAL) (c) Location 6 Mi.NE Douglas (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution - ; In Community 3 years ; In Arizona 3 years (Specify whether years, months or days)

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

(d) Street No. 903 9th St ; (e) Citizen of foreign country (Yes or No) If Yes, which country

3. (a) FULL NAME Betty Marie Campbell (b) If Veteran name war (c) Social Security No.

4. Sex: Female

5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐

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

6. (b) Name of husband or wife: Larry O.

6. (c) Age of husband or wife, if alive 33 yrs.

7. Birthdate of deceased Mar (Month) 28 (Day) 1920 (Year)

8. AGE: Years 28 Months 9 Days 2 If less than one day hrs. min.

9. Birthplace Cincinnati (City, town or county) Ohio (State or Country)

10. Usual Occupation

11. Industry or Business Cam-Aero Flying School

Father: 12. Name James Ward Stewart
13. Birthplace Wythville (City, town or county) Virginia (State or Country)

Mother: 14. Maiden Name Marie S. Shartle
15. Birthplace Dayton (City, town or county) Ohio (State or Country)

16. (a) Informant's own signature Hilt Ferrin
(b) Address Safford, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas (c) Date I-4-49 19

18. (a) Embalmer's Signature Paulou Brown
(b) Funeral Director Brown-Page
(c) Address Douglas, Ariz.

19. (a) Dec. 31-1948 (Date received Local Registrar)
(b) Ed Adamson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 12-30-48, 19; TIME (Hour and minute) Approx 5:00 PM M.

21. I hereby certify that I attended the deceased from , 19 to , 19; that I last saw h alive on Dead When Seen, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Plane Accident

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 12-30-48
(c) Where did injury occur? Douglas (City or Town) Cochise (County) Arizona (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Rural 6 mi. N.E. Douglas (Specify type of place)
While at work? yes (e) Means of injury Plane Crash

23. Signature W. A. Ash, Coroner M.D.
Address Douglas. Date signed Dec 31 1948

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