

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3926

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1 OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Apache			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Maricopa		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) St. Johns		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 3 Days, 136 Yrs.		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Avondale	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) St. Johns Community Hospital			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) No name or number		
2 IDENT PERSONAL DATA/36	3. NAME OF DECEASED (TYPE OR PRINT) Helen Smith			4. SEX Female	5. COLOR OR RACE White	
	6. MARRIED (NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH 8 DAY 31 YEAR 13		8. AGE YEARS 36 MONTHS 11 DAYS 18	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife	
	9B. KIND OF BUSINESS OR INDUSTRY Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN); (IF YES, WAR OR DATES OF SERVICE) no	13. SOCIAL SECURITY NO. none	
3 7 850	14A. FATHER'S NAME E. P. Green		14B. BIRTHPLACE (STATE OR COUNTRY) Texas	15A. MOTHER'S MAIDEN NAME Ophia Childress		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown
	16. INFORMANT'S SIGNATURE <i>Marie Standage Avondale</i>			ADDRESS <i>Avondale</i>	17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 19 1950	
	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) 710X	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Acute Circulatory failure ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Chronic Myocarditis - degeneration and valvular - mitral, pulmonary involvement DUE TO (b) Rheumatic Fever at 17 yrs, Anterior Polio myelitis II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH OR NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. at 25 yrs.				INTERVAL BETWEEN ONSET AND DEATH 6 days 20 years
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
4 ATH E TO ERNAL LENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	
	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR				
5 MEDICAL OFFICER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7-14 1950 TO 8-19 1950 THAT I LAST SAW THE DECEASED ALIVE ON 8-19 1950 AND THAT DEATH OCCURRED AT 2:38 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE (DEGREE OR TITLE) <i>Newton O. McBride, D.O.</i>		23B. ADDRESS <i>St. Johns, Ariz.</i>		23C. DATE SIGNED 8-19-50	
6 FURNERAL DIRECTOR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 8-23-50	24C. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) St. Johns, Arizona.		
	25A. DATE REC'D BY LOCAL REG. 26 July 1950	25B. REGISTRAR'S SIGNATURE <i>Etta B. Heap</i>	26. FUNERAL DIRECTOR'S SIGNATURE <i>Dan B. Withy</i>	ADDRESS Springerville, Arizona		
7 FURNERAL DIRECTOR	27. EMBALMER'S SIGNATURE <i>Dan B. Withy</i>	CERT. NO. 266 A				