

2485

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 50

Registrar's No. 112

1. Place of Death: (a) County Cochise (b) City or Town Douglas-Rural (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 9 days; In Community 17 years; In Arizona 36 years  
(Specify whether years, months or days)

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

(d) Street No. 1411-F Avenue (e) Citizen of foreign country (Yes or No) No  
If Yes, which country \_\_\_\_\_ (f) Social Security No. \_\_\_\_\_

3. (a) FULL NAME Nora Walker (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased July 18th 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 10 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

9. Birthplace Tilden Texas  
(City, town or county) (State or Country)

10. Usual Occupation Home

11. Industry or Business \_\_\_\_\_

Father { 12. Name Wm Franklin 13. Birthplace \_\_\_\_\_  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Evelyn Drake 15. Birthplace Illinois  
(City, town or county) (State or Country)

16. (a) Informant's own signature Jol Walker  
(b) Address 1411-F Avenue, Douglas, Ariz

17. (a) Burial, Cremation or Removal Burial  
(b) Place Douglas, Ariz (c) Date 6-30-45

18. (a) Embalmer's Signature E. Porter 72-A  
(b) Funeral Director Porter & Ames 29-A

(c) Address Douglas, Arizona

19. (a) July 2-1945  
(Date received Local Registrar)  
(b) E. W. Adamson  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 6-28-1945, 19\_\_\_\_; TIME (Hour and minute) 7-05PM M.

21. I hereby certify that I attended the deceased from 6-10-45 to 6-28-45, 19\_\_\_\_; that I last saw her alive on 6-28-45, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic

Due to Smilets

Due to \_\_\_\_\_

Other conditions Arthritis chronic  
(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) \_\_\_\_\_

(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? \_\_\_\_\_ (f) Means of injury \_\_\_\_\_

23. Signature E. W. Adamson M. D.  
Address Douglas, Arizona Date signed 6-29-45