

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 653  
Registrar's No. 1057

1. Place of Death: (a) County Maricopa (b) City or Town Avondale (c) Location Avondale  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 12 Years; in Arizona 15 Years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Avondale  
(If outside city limits also write RURAL)  
(d) Street No. Avondale (a) Citizen of foreign country (yes or No) no  
If Yes, which country \_\_\_\_\_  
3. (a) FULL NAME Rachel Ellen Ambrose (b) If Veteran name war --- (c) Social Security No. none

4. Sex female 5. Color or Race white 6. (a) Single, married, widowed or divorced married  
6. (b) Name of husband or wife Ed Ambrose 6. (c) Age of husband or wife, if alive 36 yrs.  
7. Birthdate of deceased 2 9 1913  
(Month) (Day) (Year)  
8. AGE: Years 30 Months 5 Days 0 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace McAllister Okla.  
(City, town or county) (State or Country)  
10. Usual Occupation Housewife  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name William M. Tubbs  
13. Birthplace Ark.  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Leota Elye  
15. Birthplace Ark.  
(City, town or county) (State or Country)  
16. (a) Informant's own signature William M. Tubbs  
(b) Address Avondale  
17. (a) Burial, Cremation or Removal burial  
(b) Place Greenwood (c) Date 7-12 1943  
18. (a) Embalmer's Signature Hal Grimshaw  
(b) Funeral Director Grimshaw Mortuary  
(c) Address 334 W. Monroe  
19. (a) JUL 12 1943 (Date received local Registrar)  
(b) [Signature] (Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) July 9, 1943;  
TIME (Hour and minute) 7:30 A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to 7-9, 1943;  
that I last saw h. er alive on 7-8, 1943;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Arteriosclerosis  
myocarditis  
Due to Cancer of Lungs  
Due to Cancer of Breast  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Cancer of Breast  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 Philip Ward M. D. Date signed 7-10-43  
Richard [unclear]

DURATION
<u>1 week</u>
<u>1 month</u>
<u>10 months</u>
<u>over 1 year</u>

  

PHYSICIAN
Underline the cause to which death should be charged statistically