

88

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1 PLACE OF DEATH  
 County Cochise State Arizona Registered No. 423  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
 City Leupp No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Boxene Cassidy Crain  
 (a) Residence. No. Leupp, Arizona St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 7 yrs. 0 mos. 0 ds.

*1700-4*

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5a If married, widowed, or divorced  
 (or) WIFE of Robert Whitehill Crain

6 DATE OF BIRTH (month, day, and year) Sept. 20, 1891

7 AGE Years Months Days IF LESS than 1 day, hrs. or min.  
58 7 17

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9 BIRTHPLACE (city or town) Springfield, Missouri  
 (State or country)

**PARENTS**

10 NAME OF FATHER George Cassidy

11 BIRTHPLACE OF FATHER (city or town) Tennessee  
 (State or country)

12 MAIDEN NAME OF MOTHER Dorah Adrian Gardner

13 BIRTHPLACE OF MOTHER (city or town) Tennessee  
 (State or country)

14 Informant Robert Whitehill Crain  
 (Address) Leupp, Arizona

15 Filed 5-7, 1940 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day, and year) May 7, 1940

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1940, to May 7, 1940, that I last saw h. de alive on May 7, 1940, and that death occurred, on the date stated above, at 8:30 a.m.  
 The CAUSE OF DEATH\* was as follows:  
Myocarditis, Chronic (Extr-systoles)  
Acute Myocardial Failure  
 (duration) 10 yrs. 0 mos. 0 ds.  
 CONTRIBUTORY Multiple abrasions & Contusions due to car accident (duration) Auto accident Apr. 14, 1940 yrs. 0 mos. 0 ds.

18 Where was disease contracted  
 If not at place of death? No

Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis? Clinical  
 (Signed) William J. Soper, M. D.  
5-7, 1940 (Address) Leupp, Arizona

\* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Springfield Mo DATE OF BURIAL 5-8 1940

20 UNDERTAKER J. M. Brown ADDRESS Wendlow Ariz

MARGIN RESERVED FOR BINDING

40  
V. B. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Marlene Silva. Hospital Clerk