4755

MARGIN RESERVED FOR BINDING

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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Local Registrar's No. _____

1. PLACE OF DEATH

County Cochise State _____

District or Township 18 S. R. 21 E G+S B.B.M. or Village _____

City St. David No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Robert J. Hubbard

(a) Residence, No. _____ St., _____ Ward. _____

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of School pupil

6. DATE OF BIRTH (month, day and year) Sept. 21, 1867

7. AGE Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
14		5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School pupil

(b) General nature of industry, business or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) St. David (State or country) Arizona

PARENTS

10. NAME OF FATHER Zeich Hubbard

11. BIRTHPLACE OF FATHER _____ (city or town) (State or country) Illinois

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER _____ (city or town) (State or country) Scotland

14. Informant Huldy Hubbard

(Address) _____

15. Filed _____, 19 _____ Registrar.

3 25974

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 26 1881 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1881 to Oct. 26 1881

that I last saw him alive on Oct. 26 1881

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Killed by a wagon load of freight.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clerical

(Signed) Groesbeck, M. D.

St. David (Address) 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	DATE OF BURIAL
St. David	Oct. 27, 1881
20. UNDERTAKER	ADDRESS
By family	