

1989

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1. PLACE OF DEATH:

County Cochise State, ARIZONA Registered No. \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

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

FULL NAME GEORGE WARREN

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. Sex <u>M</u>	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)		21. Date of Death (month, day, and year) <u>Feb. 13, 1893</u>	193
5a. If married, widowed, or divorced Husband of _____ (or) Wife of _____				22. I HEREBY CERTIFY, That I attended deceased from _____, 193 , to _____, 193	
6. Date of Birth (month, day, and year)				I last saw h. _____ alive on _____, 193 ; death is said to have occurred on the date stated above, at _____ m.	
7. Age	Years	Months	Days	The principal cause of death and related causes of importance were as follows:	
			If Less than 1 day, _____ hrs. or _____ mins.	<u>Pneumonia and heart failure</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc.			Other contributory causes of importance:	
	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. Birthplace (city or town and State or country):					
FATHER	13. Name:				
	14. Birthplace (city or town and State or country):				
MOTHER	15. Maiden Name:				
	16. Birthplace (city or town and State or country):				
Informant (name and address):					
18. Burial, Cremation, or removal: Place _____ Date _____ 193					
19. Undertaker (name and address):					
20. Filed <u>3-2-93</u> , 193 <u>A. Wentworth</u> Registrar.					
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 Where did injury occur? _____ (Specify city or town, and State) Specify whether injury occurred in industry, in home, or in public place: Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Dr. F. A. Sweet</u> (Address) <u>Bisbee, Ariz.</u>					