

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 Unknown 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 MRS. MATILDA BIGNON

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	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)		21. Date of Death (month, day, and year)	<u>Aug. 4, 1900</u> 19 <u>00</u>
5a. If married, widowed, or divorced Husband of (or) Wife of				22. I HEREBY CERTIFY, That I attended deceased from _____, 19 <u>00</u> , to _____, 19 <u>00</u>	
6. Date of Birth (month, day, and year)				I last saw h_____ alive on _____, 19 <u>00</u> ; 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:	
8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc.				Date of onset	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				<u>General subuculosis, uterine tumor</u>	
10. Date deceased last worked at this occupation (month and year)				<u>morbeess brightie and partial</u>	
11. Total time (years) spent in this occupation				<u>sclerosis of the spinal cord</u>	
12. Birthplace (city or town and State or country):				Other contributory causes of importance:	
13. Name:				Name of operation _____ Date of _____	
14. Birthplace (city or town and State or country):				What test confirmed diagnosis? _____ Was there an autopsy? _____	
15. Maiden Name:				23. If death was due to external causes (violence), fill in also the following:	
16. Birthplace (city or town and State or country):				Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>00</u>	
Informant (name and address):				Where did injury occur? _____ (Specify city or town, and State)	
18. Burial, Cremation, or removal:				Specify whether injury occurred in industry, in home, or in public place:	
Place _____ Date _____, 19 <u>00</u>				Manner of injury _____	
19. Undertaker (name and address):				Nature of injury _____	
20. Filed <u>8-13-99</u> , 19 <u>00</u> <u>Frank Hare</u> Recorder Registrar.				24. Was disease or injury in any way related to occupation of deceased? _____	
				If so, specify _____	
				(Signed) <u>L. C. Toney</u>	
				(Address) _____	