

698

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH:
 County Cochise State, ARIZONA Registered No. _____
 Township _____ or Village _____
 City Tombstone No. _____ St. _____ Ward. _____
 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.

2. FULL NAME ALICE GOODBODY
 Residence: No. _____ (Usual place of abode) St. _____ Ward. _____
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. Sex <u>F</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>		
5a. If married, widowed, or divorced Husband of (or) Wife of _____				
6. Date of Birth (month, day, and year)				
7. Age	Years	Months	Days	If Less than 1 day, _____ hrs. or _____ mins.
OCCUPATION	8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc.			
	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 MOTHER	13. Name:			
	14. Birthplace (city or town and State or country):			
	15. Maiden Name:			
	16. Birthplace (city or town and State or country):			
7. Informant (name and address):				
18. Burial, Cremation, or removal: Place <u>Tombstone</u> Date _____, 193				
19. Undertaker (name and address): <u>Tarbell</u>				
20. Filed _____, 193 <u>County Recorder</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. Date of Death (month, day, and year)	<u>July 14, 1905</u> 193
22. I HEREBY CERTIFY, That I attended deceased from _____, 193, to _____, 193	
I last saw him/her alive on _____, 193; death is said to have occurred on the date stated above, at _____ m.	
The principal cause of death and related causes of importance were as follows: <u>Illo Colitis</u> Date of onset <u>6</u> yrs	
Other contributory causes of importance:	
Name of operation _____	Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____	
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>H. H. Hughart</u> (Address) _____	