

883

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSES

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

2. FULL NAME ELLEN M. JOHNSON
 Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (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)		
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	13. Name:			
	14. Birthplace (city or town and State or country):			
MOTHER	15. Maiden Name:			
	16. Birthplace (city or town and State or country):			
17. Informant (name and address):				
18. Burial, Cremation, or removal: Place <u>Douglas</u> Date _____, 193				
19. Undertaker (name and address): <u>Washington</u>				
20. Filed _____, 193 <u>County Recorder</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. Date of Death (month, day, and year)	<u>June 6, 1906</u> 193
22. I HEREBY CERTIFY, That I attended deceased from _____, 193, to _____, 193	
I last saw h..... 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>Asthma</u>	Date of onset <u>8 wks</u>
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>E. W. Adamson</u>	_____
(Address) _____	_____