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# 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 \_\_\_\_\_

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 ELZIE TINKER

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. Sex M 4. Color or Race - 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 23 Months \_\_\_\_\_ Days \_\_\_\_\_ If Less than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ mins.

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 \_\_\_\_\_ Date \_\_\_\_\_ 193

19. Undertaker (name and address):

Ferguson

20. Filed \_\_\_\_\_, 193 County Recorder

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. Date of Death (month, day, and year) July 24, 1906 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:

Tub. Osl. Chronic Nephritis

Date of onset

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 R. Hickman

(Signed) \_\_\_\_\_

(Address) \_\_\_\_\_