

999

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 Lee Station 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 S. A. C. STEEL

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 Months Days If Less than 1 day, hrs. or mins.
35

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):

13. Name:

14. Birthplace (city or town and State or country):

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):

Alfred Ferguson

20. Filed _____, 193 Cochise County Recorder
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. Date of Death (month, day, and year) Nov. 15, 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:

Accidental Powder Explosion

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 _____

(Signed) Cor. McDonald

(Address) _____