9633

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH 5

Ter. Index No. 3

County Registered No. 4

28

PLACE OF DEATH

County of Cochise

District of

Town of

or

City of Bisbee

(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.") (No. ..... St., ... Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME George Seymour

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received at PHOENIX FEB 17 1910

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE

At Place of Death 2 yrs ' mos.

In Arizona 5 yrs. mos.

SEX Male.

COLOR OR RACE White ~~Black~~ ~~Mexican~~ ~~Chinese~~ ~~Indian~~

DATE OF BIRTH Feb 11 (month) (day) 1909 (year)

AGE 35 years months days

~~SINGLE~~ MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or foreign country) Chas. Cornwall.

OCCUPATION Minor

NAME OF FATHER Wm Seymour.

BIRTHPLACE OF FATHER (State or foreign country) Chas Cornwallis

MAIDEN NAME OF MOTHER Mar. Trezise

BIRTHPLACE OF MOTHER (State or foreign county) Chas Cornwallis Eng

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant) Emmie Seymour

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (month) 3 (day) 1910 (year)

I hereby certify, That I attended deceased from ..... 19 to Jan. 3 1910.

that I last saw him alive on Jan. 3 1910

and that death occurred on the date stated above at 10 A.M.

The DISEASE or INJURY causing DEATH was as follows;

Consumption.

Mt Ariz

Where contracted Dor not Know Duration Long time.

Contributing cause (if any) Mining.

Where contracted ..... Duration .....

(Signed) Harry A. Reese M.D.

1/10 1910 Address Warren, Ariz.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual residence ..... How long at Place of Death ..... Days

Place of burial or removal South Bisbee

Date of burial or removal Jan 5 1910

Undertaker Bowen & Hubbard

Address Bisbee Ariz

Filed Jan 31st 1910 ~~A TRUE COPY~~ John Hogan

Filed 2/8 1910 A. R. Hickman Local Register

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item cannot be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.