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Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

703

TERRITORIAL INDEX NO. 90

COUNTY REGISTERED NO. 9

LOCAL REGISTRAR'S NO. 2

PLACE OF DEATH

COUNTY Graham

DISTRICT Pima

TOWN OR CITY _____ NO. _____ ST.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Elisha F Hubbard

PERSONAL AND STATISTICAL PARTICULARS.

Male | COLOR or RACE: White, Black, Mexican, Indian, Chinese, White | SINGLE MARRIED WIDOWED or DIVORCED: married

DATE OF BIRTH: March (Month) 5 (Day) 1838 (Year)

AGE: 23 yrs. — mos. 22 days | If less than 1 day ____ hrs., or ____ min.

OCCUPATION (a) ofession or d of work: Farmer; ature of industry, stablishment in ed (or employer) _____

BIRTHPLACE (state or country): Michigan

NAME OF FATHER: Marshall Moor Hubbard

BIRTHPLACE FATHER: CE OF country) New York

MAIDEN NAME OF MOTHER: Eliza Nickerson

BIRTHPLACE MOTHER: CE OF ountry) Missouri

The Above is TRUE TO THE BEST OF MY KNOWLEDGE

(INFORMANT) Culda Blair

(Address) _____

IAL OR REMOVAL | DATE OF BURIAL OR REMOVAL _____ 19__

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 28 (Day) 1911 (Year)

I hereby certify, that I attended deceased from 10 pm of Mar 27 1911 to March 28th 1911; that I last saw him alive on March 28th 1911 and that death occurred on the date stated above at 2 P.M. The DISEASE or INJURY causing Death was as follows: Albuminuria of about two years standing and Intes obstruction (unconfirmed)

(Duration) — yrs. — mos. 4 days.

Was disease contracted in Arizona? Yes

If not, where? _____

CONTRIBUTORY — _____

(Duration) — yrs. — mos. — days. —

(Signed) R L Dryden, M. D

Mar 28, 1911 (Address) Pima

*In deaths from VIOLENT CAUSE state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death ____ yrs. ____ mos. ____ ds. In Arizona ____ yrs. ____ mos. ____ ds.

Former or Usual Residence _____

Filed 5/5/11 1911 G. G. ROOT Local Registrar

Filed April 5 1911 R L Dryden County Registrar.

contracted; place ... taker; and official signatures of local and county registrars.

The medical certificate of death shall be made and signed by the physician, if any, last in attendance on the deceased. He shall state the cause of death so as to show the course of disease or sequence of causes resulting in death, giving the primary cause and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, including only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms, as defined by the territorial registrar, shall be returned to the physician for correction and definition. Causes of death which may result from violence shall have the nature of the violence stated and whether (probably) ... or homicidal.

... ATTENDANCE, it shall be the duty of the ...