

1707

If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificate will be returned for correction.

### Arizona Territorial Board of Health BUREAU OF VITAL STATISTICS

#### ORIGINAL CERTIFICATE OF DEATH 64

PLACE OF DEATH  
COUNTY Yavapai  
DISTRICT Pima  
TOWN Hubbard  
OR CITY Hubbard

TERRITORIAL INDEX NO. \_\_\_\_\_  
COUNTY REGISTERED NO. 27  
ST. LOCAL REGISTRAR'S NO. 8

FULL NAME Lucius Hubbard

PERSONAL AND STATISTICAL PARTICULARS.		
SEX <u>male</u>	COLOR or RACE White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH <u>May 15</u> 18 <u>99</u> (Month) (Day) (Year)		
AGE <u>12</u> yrs. <u>4</u> mos. <u>10</u> days If less than 1 day, hrs., or min.		
OCCUPATION (a) Trade, profession or particular kind of work <u>Farming</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (State or country) <u>Hubbard Arizona</u>		
PARENTS	NAME OF FATHER <u>Elisha F Hubbard</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Michigan</u>	
	MAIDEN NAME OF MOTHER <u>Alevia Wilcox</u>	
	BIRTHPLACE OF MOTHER (State or country) <u>Utah</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mary Hubbard</u> (Address) <u>Hubbard, Arizona</u>		
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL	
UNDERTAKER	ADDRESS	

MEDICAL CERTIFICATE OF DEATH		
DATE OF DEATH	<u>September 26</u> 19 <u>11</u> (Month) (Day) (Year)	
I hereby certify, that I attended deceased from _____ 191__ to _____ 191__; that I last saw h_____ alive _____ 191__ and that death occurred on the date stated above at <u>4:50 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Struck by lightning at Hubbard school grounds</u> (Duration) _____ yrs. _____ mos. _____ days		
Was disease contracted in Arizona? <u>Death instantaneous</u>		
If not, where? <u>none</u>		
CONTRIBUTORY	<u>none</u> (Duration) _____ yrs. _____ mos. _____ day	
(Signed)	<u>B. C. Dwyer</u> M. D. <u>Pima, Ariz</u> , 191__ (Address)	
*In deaths from VIOLENT CAUSES, 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	<u>Sept 27</u> 1911	<u>5th Root</u> Local Registrar
Filed	<u>Sept 29</u> 1911	<u>B. C. Dwyer</u> County Registrar