1891

Damaged Document(s)

PLACE OF DEATH
Cochise
Bisbee
NO. ST.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

TERRITORIAL INDEX NO. 2467

COUNTY REGISTERED NO. 45245

LOCAL REGISTRAR'S NO.

FULL NAME Freddy Galusha

ERSONAL AND STATISTICAL PARTICULARS.

COLOR or RACE: White, ~~Indian~~, ~~Black~~, ~~Chinese~~, ~~Mexican~~

SINGLE, ~~MARRIED~~, ~~WIDOWED~~ or ~~DIVORCED~~

RTH Mch. (Month) 5 (Day) 1910 (Year)

3 yrs. 7 mos. 18 days — If less than 1 day, hrs., or min.

N profession or kind of work
al nature of industry, or establishment in ployed (or employer)

CE country) Bisbee

OF ER B. F. Galusha

PLACE OF ER or country) Colorado

N NAME OTHER Rose

PLACE OF HER e or country) Iowa

E IS TRUE TO THE BEST OF MY KNOWLEDGE
t) B. F. Galusha
dress)

BURIAL OR REMOVAL — DATE OF BURIAL OR REMOVAL Oct 24 1911

ER Rabbord — ADDRESS Bisbee, Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 23 (Day) 1911 (Year)

I hereby certify, that I attended deceased from Oct 17 191 to Oct 23 1911; that I last saw him alive on Oct 23 1911 and that death occurred on the date stated above at 9:30 A.M. The DISEASE or INJURY causing Death was as follows:

Acute gastro-enteritis

104

(Duration) yrs. mos. days

Was disease contracted in Arizona? Yes

If not, where? —

CONTRIBUTORY None

(Duration) yrs. mos. days

(Signed) F. R. Williams M. D

Nov 2 1911 (Address) Bisbee Arizona

*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 10-24 1911 [signature] Local Registrar

Filed 11/10/11 1911 [signature] County Registrar.

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) accidental, suicidal, or homicidal.**

IN CASE OF DEATH WITHOUT MEDICAL ATTENDANCE, it shall be the duty of the undertaker to notify the local registrar of such death and when so notified the local registrar shall inform the local health officer for immediate investigation and certification, prior to issuing the permit; **provided**, that in such isolated districts where the local registrar cannot communicate with the local Health Officer within six hours after notification of death, and in ... registrar is authorized to make the certificate ... having adequate ...