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

**Arizona Territorial Board of Health**

BUREAU OF VITAL STATISTICS **27**

BUREAU OF VITAL STATISTICS **CERTIFICATE OF DEATH**

Ter. Index No. **20**

County Registered No. **296**

PLACE OF DEATH  
County of Cochise  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or City of Bisbee  
(If death occurs away from USUAL (No. \_\_\_\_\_) RESIDENCE, give facts called for under "Special information.")

FULL NAME Arthur R. Bean

St. 182 Ward. (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  
RECORDED AT PHOENIX  
AUG 12 1910

**PERSONAL AND STATISTICAL PARTICULARS**

LENGTH OF RESIDENCE  
At Place of Death 9 yrs \_\_\_\_\_ mos.  
In Arizona 9 yrs \_\_\_\_\_ mos.

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

DATE OF BIRTH Sep. 28 1983  
(month) (day) (year)

AGE 26 years 9 months 14 days

SINGLE, MARRIED.  
 WIDOWED OR DIVORCED

BIRTHPLACE (State or foreign country) Missouri Neesho

OCCUPATION Engineer

NAME OF FATHER J. W. Bean

BIRTHPLACE OF FATHER (State or foreign country) Ind Wasson

MAIDEN NAME OF MOTHER Ida Kurbut

BIRTHPLACE OF MOTHER (State or foreign country) Wis Racine

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

Informant J. W. Bean  
(Address) \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 11 1910  
(month) (day) (year)

I hereby certify, That I attended deceased from 7:00 pm July 11 1910 to time of death 1910  
that I last saw h. s. m. alive on July 11 1910  
and that death occurred on the date stated above at 155 M  
The DISEASE or INJURY causing DEATH was as follows;  
Sunshot wound of neck  
Homicide

Where contracted \_\_\_\_\_ Duration \_\_\_\_\_  
Contributing cause (if any) \_\_\_\_\_

Where contracted \_\_\_\_\_ Duration \_\_\_\_\_  
(Signed) L. L. Murrin M.D.  
7/12/1910 Address Bisbee Arizona

**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 Bisbee Date of burial or removal July 15 1910

Underwriter W. G. Kurbut Address Bisbee

Filed \_\_\_\_\_ 19 \_\_\_\_\_ A TRUE COPY. J. R. Williams  
Filed Aug 9, 1910 A. P. Williams Registrar