647

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

26 State Index No.

ORIGINAL CERTIFICATE OF DEATH

County Registered 30864

Local Registrar's No.

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

PLACE OF DEATH

County Cochise

District Warren

Town —

Or City —

No. St.

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

FULL NAME Charlotte Isaac

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: White, Indian, Black, Chinese, Mexican

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

DATE OF BIRTH: Jan (Month) 1 (Day) 1860 (Year)

AGE: 52 yrs. 4 mos. 10 days | If less than 1 day, ... hrs., or ... min.

OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed or (employer):

BIRTHPLACE (State or country): Wis.

PARENTS
NAME OF FATHER: Robert
BIRTHPLACE OF FATHER (State or country): Canada
MAIDEN NAME OF MOTHER: —
BIRTHPLACE OF MOTHER (State or county): England

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. M. Crane

(Address)

PLACE OF BURIAL ~~OR REMOVAL~~: Bisbee

DATE OF BURIAL ~~OR REMOVAL~~: May 22 1912

UNDERTAKER: W. G. Hubbard

ADDRESS: Bisbee

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 21 (Day) 1912 (Year)

I hereby certify, that I attended deceased from ... 1912 to May 21 1912; that I last saw him alive on May 21 1912 and that death occurred on the date stated above at 3½ a.m. The DISEASE or INJURY causing Death was as follows:

Chronic parenchymatous nephritis

(Duration) ... yrs. ... mos. ... days.

Was disease contracted in Arizona? Yes

If not, where? —

CONTRIBUTORY Uremia

(Duration) ... yrs. ... mos. ... days.

(Signed) W. Berendsen

May 22 1912 (Address) Bisbee Ariz

*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 5-22 1912 [illegible]
Local Registrar

Filed 6-25 1912 C. L. Miner
County Registrar