

9436

may be prof. / classified. If any item can not be classified insert word "unknown." Every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Cochise
District _____
Town _____
Or City Pearson

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 265

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 278

Local Registrar's No. _____

No. _____ St. _____

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

FULL NAME Wilson W. Cushman

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race negro ~~SINGLE~~ yo ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~

DATE OF BIRTH March 22 1876
(Month) (Day) (Year)

AGE 26 yrs. 4 mos. 9 days If less than 1 day, hrs., or min.

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

BIRTHPLACE (State or country) Texas

NAME OF FATHER W. Cushman

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER Lidia Cushman

BIRTHPLACE OF MOTHER (State or county) unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Hattie F. Cushman

(Address) Mesa, Ariz. (Mesa)

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL Aug 1 1922

UNDERTAKER Family ADDRESS _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1 1922
(Month) (Day) (Year)

I hereby certify that I attended deceased from July 29 1922 to Aug 1 1922; that I last saw him alive on July 29 1922 and that death occurred on the date stated above at 7:30 A.M. The DISEASE or INJURY causing Death was as follows: Inflammation due to Appendicitis

(Duration) _____ yrs. _____ mos. _____ days
Was disease contracted in Arizona? yes

If not, where? _____

CONTRIBUTORY Perforation bellows o phoeca (Duration) _____ yrs. _____ mos. _____ days

(Signed) A. B. BOWELL (Address) Pearson

*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 Mesa, Ariz.

Filed: Aug 2nd 1922 M. S. Williams Local Registrar

Filed: 8-14 1922 L. L. Munn County Registrar