19

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 9
County Registered No. 364
Local Registrar's No. 29

PLACE OF DEATH
County Cochise
District Douglas
Town
Or City Douglas

No. Calumet Hospital St.
(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME William Thompson

PERSONAL AND STATISTICAL PARTICULARS

SEX M | Color or Race White Indian Black Chinese Mexican | ~~SINGLE~~ MARRIED ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH Aug (Month) 4 (Day) 191... (Year)

AGE 33 yrs. ... mos. ... days | If less than 1 day, ... hrs., or ... min.

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

BIRTHPLACE (State or country) Texas

PARENTS
NAME OF FATHER William
BIRTHPLACE OF FATHER (State or country) Tenn
MAIDEN NAME OF MOTHER Jane Watson
BIRTHPLACE OF MOTHER (State or county) Ark

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Pete Thompson
(Address) Douglas

PLACE OF ~~BURIAL~~ OR REMOVAL Sabinal Tx | DATE OF ~~BURIAL~~ OR REMOVAL Feb 3 191 3

UNDERTAKER [illegible] | ADDRESS Douglas

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb (Month) 3 (Day) 191 3 (Year)

I hereby certify, that I attended deceased from 3:20 pm to 10:45 pm Feb 3 191 3; that I last saw him alive on Feb 3 191 3 and that death occurred on the date stated above at 10:45 p.m. The DISEASE or INJURY causing Death was as follows: Multiple fractures of both vault and base of skull.

(Duration) ... yrs. ... mos. ... days about 7 hrs

Was disease contracted in Arizona? —

If not, where? —

CONTRIBUTORY —

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

(Signed) Carl H Lund

191... (Address) Douglas 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 8 yrs. ... mos. ... ds. In Arizona 14 yrs. ... mos. ... ds.
Former or Usual Residence Tex

Filed 9/ 191 3 [illegible] Local Registrar

Filed 3/20 191 3 L L Miner County Registrar

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