

Arizona Territorial Board of Health  
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH 831  
TERRITORIAL INDEX NO. 213

PLACE OF DEATH  
COUNTY OF MARICOPA  
CITY OF PHOENIX

NO. 2025 W. Adams  
ST. LOCAL REGISTRAR'S NO. 2516

FULL NAME Carl A Hildebrand.

WRITE ONLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
FILL OUT ALL BLANKS.  
PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified  
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.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male	COLOR or RACE White Black Mexican	INDIAN Chinese	SINGLE MARRIED WIDOWED or DIVORCED	Married white
DATE OF BIRTH November 15, 1882 (Month) (Day) (Year)	AGE 30 yrs. 4 mos. days If less than 1 day hrs., or min.			
OCCUPATION a) Trade, profession or particular kind of work draughtsman b) General nature of industry, business, or establishment in which employed (or employer)				
BIRTHPLACE (State or country) Connecticut.				
NAME OF FATHER Chas. Hildebrand.				
BIRTHPLACE OF FATHER (State or country) Germany.				
MAIDEN NAME OF MOTHER O'Erian.				
BIRTHPLACE OF MOTHER (State or country) Connecticut.				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Carl A. Hildebrand. (Address) Phoenix, Arizona.				
PLACE OF BURIAL OR REMOVAL Catholic Cem.	DATE OF BURIAL OR REMOVAL 3/27/13 1913			
UNDERTAKER Whitcomb	ADDRESS Phoenix.			

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25, 1913.  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from March 18th, 1913 to March 25, 1913; that I last saw him alive on March 15th, 1913 and that death occurred on the date stated above at 10:30 A.M. The DISEASE or INJURY causing Death was as follows:  
*Tubercular Meningitis*

(Duration) yrs. mos. days 14 days

Was disease contracted in Arizona? *Yes. Meningitis was*

If not, where? *Pulmonary Tuberculosis*

CONTRIBUTORY (Duration) yrs. mos. days

(Signed) *Louis Rypard* M. D.  
3/28/13 (Address) Phoenix, 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 1 yrs. mos. ds. In Arizona 1 yrs. mos. ds.  
Former or Usual Residence Mass.

Filed 3/27/13 *Louis Rypard* Local Registrar.  
Filed 4-9-13 *Ad Smith*