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Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

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TERRITORIAL INDEX NO. ____

COUNTY REGISTERED NO. 9

LOCAL REGISTRAR'S NO. 1

PLACE OF DEATH

COUNTY OF ~~MARICOPA~~ Greenlee

~~DISTRICT OF PHOENIX~~

TOWN Duncan

~~OR CITY OF PHOENIX~~

NO. ____ ST.

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

FULL NAME John Thomas Cauthen

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR or RACE: White ✓ Black Mexican Indian Chinese

SINGLE MARRIED ✓ WIDOWED or DIVORCED

DATE OF BIRTH: January (Month) 24 (Day) 1874 (Year)

AGE: 40 yrs. X mos. 22 days. If less than 1 day ____ hrs., or ____ min.

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

BIRTHPLACE (State or country): Ellis Co. Texas

PARENTS

NAME OF FATHER: John Thomas Cauthen

BIRTHPLACE OF FATHER (State or country): Georgia

MAIDEN NAME OF MOTHER: Mahaffy

BIRTHPLACE OF MOTHER (State or country): Alabama

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. L. Cauthen

(Address) Duncan Arizona

PLACE OF BURIAL OR REMOVAL: Duncan, Ariz

DATE OF BURIAL OR REMOVAL: Feb. 23 1914

UNDERTAKER: C. H. Pascoe

ADDRESS: Clifton, Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 22nd (Day) 1914 (Year)

I hereby certify, that I attended deceased from February 15 1914 to February 22 1914; that I last saw him alive on February 22 1914 and that death occurred on the date stated above at Duncan. The DISEASE or INJURY causing Death was as follows: Fatty degeneration of the Heart due to toxaemia following Cancer of Stomach & liver.

(Duration) 1 yrs. 4 mos. 22 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY Yes

(Duration) ____ yrs. ____ mos. ____ days

(Signed) Dr. Anna Reznikoff M. D.

Feb 23, 1914 (Address) ____

*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 Mar 1 1914 John Evans Local Registrar.

Filed ____ 191 ____ County Registrar.

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.

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