4863

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any [illegible] insert word "unknown." Make every effort possible to secure this information [illegible] certificates will be returned for correction.

PLACE OF DEATH

County Cochise

District

Town Or City Pearce

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 82

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 240

Local Registrar's No.

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

FULL NAME William A. Old

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

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

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

AGE 38 yrs. mos. days | If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country)

PARENTS
NAME OF FATHER
BIRTHPLACE OF FATHER (State or country)
MAIDEN NAME OF MOTHER
BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

PLACE OF BURIAL OR REMOVAL: Pearce Ariz

DATE OF BURIAL OR REMOVAL: May 3 1914

UNDERTAKER: E. H. McFall

ADDRESS: Pearce Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1914 (Month) (Day) (Year)

I hereby certify, that I attended deceased ~~from~~ on April 28 1914 to ..... 191.... ; that I last saw him alive on April 28 1914, and that death occurred on the date stated above at 12:20 P.M. The DISEASE or INJURY causing Death was as follows:

Bullet wound - through the lungs

(Duration) ..... yrs. mos. days 15 min.

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

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

(Signed) Ralph Vital

April 29 1914 (Address) Pearce 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 June 4 1914. J. M. D. Mommonier
Local Registrar

Filed 6/12 1914 [illegible]
County Registrar