2972

FILL OUT ALL BLANKS.

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 50

County Registered No. 480

Local Registrar's No. 52

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Cochise

District Sulphur Springs Valley

Town Or City

No. Cochise County Hospital St.

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

FULL NAME Cruz Figueroa

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

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

SINGLE, MARRIED, WIDOWED or DIVORCED: Not Known

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

AGE: about 30 yrs. mos. days

If less than 1 day hrs., or min.

OCCUPATION
(a) Trade, profession or particular kind of work: Not Known
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country): Mexico

PARENTS
NAME OF FATHER: Not Known
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) John McNeil

(Address) Cornely Hospital

PLACE OF BURIAL OR REMOVAL: Douglas

DATE OF BURIAL OR REMOVAL: Oct 27 1914

UNDERTAKER: A. A. Ferguson

ADDRESS: Douglas

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 27 (Day) 1914 (Year)

I hereby certify, that I attended deceased from Oct 24 1914 to Oct 26 1914; that I last saw him alive on Oct 26 1914, and that death occurred on the date stated above at 10 A.M. The DISEASE or INJURY causing Death was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 20 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) A W Tanneman

10/27 1914 (Address) A W Tanneman

*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. 3 ds. In Arizona yrs. mos. ds. Not Known

Former or Usual Residence Not Known

Filed 10/27 1914 [signature] Local Registrar

Filed Oct. 13 1914 C H Hunt County Registrar