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# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

State Index No. 50

PLACE OF DEATH  
County Cochise  
District Tombstone  
Town Tombstone  
Or City Tombstone

### ORIGINAL CERTIFICATE OF DEATH

County Registered No. 404

Local Registrar's No. 197

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

FULL NAME Zeta Emma Hartman

FILL OUT ALL BLANKS. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it 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.

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Female</u>	Color or Race <u>White</u>	SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH <u>May 13 1894</u>	If less than 1 day	
AGE <u>21 yrs. 5 mos. 13 days</u>	hrs. or min.	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)		
BIRTHPLACE (State or country) <u>Kansas</u>		
PARENTS	NAME OF FATHER <u>J R Hartman</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Kansas</u>	
	MAIDEN NAME OF MOTHER <u>Ida Lettgrue</u>	
	BIRTHPLACE OF MOTHER (State or country) <u>Kansas</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <u>E E Hartman</u>		
(Address) <u>Tombstone</u>		
PLACE OF BURIAL OR REMOVAL <u>Tombstone</u>	DATE OF BURIAL OR REMOVAL <u>Oct 27 1915</u>	
UNDERTAKER <u>C Oertes</u>	ADDRESS <u>Tombstone</u>	

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH <u>October 25 1915</u>
I hereby certify, that I attended deceased from <u>Oct 22 1915</u> to <u>Oct 25 1915</u> ; that I last saw her alive on <u>Oct 25 1915</u> , and that death occurred on the date stated above at <u>6:30 A.M.</u> The DISEASE or INJURY causing death was as follows: <u>Pulmonary Tuberculosis</u>
(Duration) <u>12</u> yrs. <u>5</u> mos. <u>13</u> days
Was disease contracted in Arizona? <u>No</u>
If not, where <u>Kansas</u>
CONTRIBUTORY (Duration) <u>12</u> yrs. <u>5</u> mos. <u>13</u> days
(Signed) <u>M M Randolph</u> 10/26/15 (Address) <u>Tombstone</u>
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
LENGTH OF RESIDENCE At place of death <u>1</u> yrs. <u>5</u> mos. <u>13</u> ds. In Arizona <u>1</u> yrs. <u>5</u> mos. <u>13</u> ds.
Former or Usual Residence <u>Kansas</u>
Filed <u>Oct 26 1915</u> <u>M M Randolph</u> Local Registrar
Filed <u>Nov 18 1915</u> <u>D. O. B Patton</u> County Registrar