702

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 6a

County Registered No. 1925

Local Registrar's No.

PLACE OF DEATH

County Cochise

District Bowie

Town Or City Bowie

No. St.

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

FULL NAME Arthur Ward Hard

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

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

SINGLE X, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH Not Known (Month) (Day) (Year) 191

AGE not Known yrs. mos. days

If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country) not Known

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER (State or Country) New York

MAIDEN NAME OF MOTHER not Known

BIRTHPLACE OF MOTHER (State or Country) not Known

The Above Is True to the Best of My Knowledge

(Informant)

(Address)

PLACE OF BURIAL OR REMOVAL Bowie

DATE OF BURIAL ~~OR REMOVAL~~ July 5th 1916

UNDERTAKER none

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th (Month) (Day) 1916 (Year)

I hereby certify, that I attended deceased from 191 to 191; that I last saw h alive on 191, and that death occurred on the date stated above at M. The DISEASE or INJURY causing Death was as follows: Consumption Know Doctor

(Duration) yrs. mos. days

Was disease contracted in Arizona? no

If not, where? dont Know

CONTRIBUTORY (Duration) yrs. mos. days

(Signed) 191 (Address)

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death yrs. mos. 1 ds. In Arizona yrs. 6 mos. ds.

Former or Usual Residence

Filed Oct 28th 1916 J. J. Thompson Local Registrar

Filed Oct 31 1916 C. H. Hunt County Registrar

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RE...

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.