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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 468

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 1767

Local Registrar's No. 1936

PLACE OF DEATH

County

District

Town

Or City

No. Sisbee Hospital St.

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

FULL NAME Frank J. Wright

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

Color or Race: White ✓ Indian Black Chinese Mexican

SINGLE MARRIED ✓ WIDOWED or DIVORCED

DATE OF BIRTH: Dec 12 191 (Month) (Day) (Year)

AGE: 34 yrs. mos. days. If less than 1 day hrs., or min.

OCCUPATION (a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed or (employer):

BIRTHPLACE (State or country): Mich

NAME OF FATHER: Julian Wright

BIRTHPLACE OF FATHER (State or country): Mich

MAIDEN NAME OF MOTHER: ~~Frank~~ Ann Smith

BIRTHPLACE OF MOTHER (State or country): Mich

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Catherine Pawling

(Address)

PLACE OF BURIAL OR REMOVAL: Bisbee

DATE OF BURIAL OR REMOVAL: 11/13 191 6

UNDERTAKER: Moore & McGillin

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 11 191 6 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 7-21- 191 6 to 11-11- 191 6; that I last saw him alive on 11-11 191 6; and that death occurred on the date stated above at 8:30 P.M. The DISEASE or INJURY causing death was as follows: Pulmonary oedema following first induction of artificial pneumothorax

(Duration) yrs. mos. 1 days.

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY Pulmonary tuberculosis

(Duration) 9 yrs. mos. days.

(Signed) Willard Smith

11-13 191 6. (Address) Phoenix, 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. 1 ds. In Arizona 3 yrs. mos. ds.

Former or Usual Residence Same

Filed Nov 13 1916 A. K. Beauchamp Local Registrar

Filed Dec 5 1916. A. B. Nichols County Registrar

THE CERTIFICATE OF DEATH is to be filed with the Local Registrar and by him transmitted to the County Registrar. The Local Registrar will issue burial or removal permit as desired, upon filing the proper certificate subject to the laws of the State and the Regulations of the Board of Health.

STATEMENT OF OCCUPATION—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner (b) Cotton mill; (a) Salesman (b) Grocery; (a) Foreman (b) Automobile factory. Never record statement.