469

458

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 27

County Registered No.

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Cochise

District Douglas

Town Or City Douglas

No. 644 8th St.

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

FULL NAME Annie Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX X

Color or Race White Indian Black Chinese Mexican

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH 1874 (Month) (Day) (Year)

AGE 43 yrs. mos. days

If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country) Texas

PARENTS

NAME OF FATHER Henry Banks

BIRTHPLACE OF FATHER (State or country) Mt. Kenn

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John D Johnson

(Address) Douglas

PLACE OF BURIAL OR REMOVAL Douglas

DATE OF BURIAL OR REMOVAL April 9 1917

UNDERTAKER Jacques

ADDRESS Douglas

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7 1917 (Month) (Day) (Year)

I hereby certify, that I attended deceased from April 5 1917 to Apr. 7 1917; that I last saw her alive on Apr 6 1917, and that death occurred on the date stated above at 1 A M. The DISEASE or INJURY causing death was as follows: Lobar pneumonia

(Duration) yrs. mos. 4 days

Was disease contracted in Arizona? Yes

If not, where? #

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) E W Adamson

4/10 1917 (Address) Douglas 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. 8 mos. ds. In Arizona yrs. 8 mos. ds.

Former or Usual Residence Texas

Filed April 11 1917 Wm. Greene M.D. Local Registrar

Filed Apr. 20 1917 C. H. Hunt County Registrar

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

day