1781

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. 42

County Registered No.

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Cochise

District

Town Or City Benson

No. ✓ St.

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

FULL NAME James Melvin Cosby

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

Color or Race White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

~~SINGLE~~ MARRIED ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH Dec (Month) 1 (Day) 1849 (Year)

AGE 67 yrs. 7 mos. 14 days

If less than 1 day ✓ hrs., or ✓ min.

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

BIRTHPLACE (State or country) Virginia

PARENTS

NAME OF FATHER Wm Cosby

BIRTHPLACE OF FATHER State or country) Virginia

MAIDEN NAME OF MOTHER Polly Kimbro

BIRTHPLACE OF MOTHER State or country) Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M P Cosby

(Address) Benson

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL OR REMOVAL July 2 1917

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 16 (Day) 1917 (Year)

I hereby certify, that I attended deceased from 1915 to July 16 1917; that I last saw him alive on July 16 1917, and that death occurred on the date stated above at 6 A.M. The DISEASE or INJURY causing Death was as follows: Senility

(Duration) 2 yrs. — mos. — days

Was disease contracted in Arizona? ✓

If not, where? ✓

CONTRIBUTORY

(Duration) 2 yrs. — mos. — days

(Signed) E B Thompson

July 16 1917 (Address) Benson 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 19 yrs. ✓ mos. ✓ ds. In Arizona 28 yrs. — mos. ✓ ds.

Former or Usual Residence

Filed July 23 1917 W. Shillman Local Registrar

Filed Aug. 2/6 1917 C. H. Hunt County Registrar

34