

2528

40

PLACE OF DEATH **ARIZONA STATE BOARD OF HEALTH**  
 COUNTY Cochise BUREAU OF VITAL STATISTICS State Index No. 775  
 DISTRICT St. David ORIGINAL CERTIFICATE OF DEATH County Registered No. \_\_\_\_\_  
 TOWN \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
 OR CITY \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)  
 FULL NAME Oscar Goodman

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race White <input checked="" type="checkbox"/> Indian <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Chinese <input checked="" type="checkbox"/> Mexican <input checked="" type="checkbox"/>	SINGLE <input checked="" type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> or DIVORCED	DATE OF DEATH <u>Sept 15</u> 191 <u>7</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Sept 1</u> 191 <u>7</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Sept 14</u> 191 <u>7</u> to <u>Sept 14</u> , 191 <u>7</u> ; that I last saw <u>him</u> alive on <u>Sept 14</u> 191 <u>7</u> , and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows: <u>Marasmus</u>	
AGE <input checked="" type="checkbox"/> yrs. <u>14</u> mos. <u>14</u> days   hrs., or min.			Was disease contracted in Arizona? _____ If not, where? _____	
OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed or (employer) _____			CONTRIBUTORY <u>Preventive Birth</u> (Duration) _____ yrs. _____ mos. _____ days	
BIRTHPLACE (State or country) <u>St. David and</u>			(Signed) <u>Dr. J. H. Morrison</u> <u>Sept 15</u> 191 <u>7</u> (Address) <u>Brown Ave</u>	
PARENTS	NAME OF FATHER <u>Joe. G. Goodman</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (State or Country) <u>Utah</u>		LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
	MAIDEN NAME OF MOTHER <u>Annie M. McRae</u>		Former or Usual Residence _____	
	BIRTHPLACE OF MOTHER (State or Country) <u>Utah</u>		Filed <u>Sept. 20</u> 191 <u>7</u> <u>Pete H. Loggson</u> Local Registrar	
The Above is True to the Best of My Knowledge (Informant) <u>Dr. J. H. Morrison</u> (Address) _____			Filed <u>Oct. 2</u> 191 <u>7</u> <u>E. H. Hunt</u> County Registrar	
PLACE OF BURIAL OR REMOVAL <u>St David</u>		DATE OF BURIAL OR REMOVAL <u>Sept 15</u> 191 <u>7</u>		
UNDERTAKER _____		ADDRESS _____		