9849

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 82

County Registered 54

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Cochise

District Douglas

Town Or City Douglas

No. Calumet Hospital St.

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

FULL NAME James Kirby

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

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

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Sept 24 1879 (Month) (Day) (Year)

AGE: 39 yrs. mos. days — If less than 1 day hrs., or min.

OCCUPATION
(a) Trade, profession or particular kind of work: Office of Place
(b) General nature of industry, business, or establishment in which employed or (employer): Constable

BIRTHPLACE (State or country): Texas

PARENTS

NAME OF FATHER: J. Kirby

BIRTHPLACE OF FATHER (State or country): Texas

MAIDEN NAME OF MOTHER: Amanda Cole

BIRTHPLACE OF MOTHER (State or country): Texas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bertha Kirby

(Address) Texas

PLACE OF BURIAL OR REMOVAL: Douglas

DATE OF BURIAL OR REMOVAL: Douglas 191

UNDERTAKER: Tyson

ADDRESS: Douglas

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 30 1919 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 29th 1919 to Jan 30 1919; that I last saw him alive on Jan 30th 1919, and that death occurred on the date stated above at 4' M. The DISEASE or INJURY causing death was as follows: Burn of 3rd degree on body arms & hands

(Duration) 0 yrs. 0 mos. 1½ days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) H A Nichols MD

Jan 31st 1919 (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 7 yrs. mos. ds. In Arizona 9 yrs. mos. ds.

Former or Usual Residence Tex

Filed Jan 30 1919 — B Causey, Local Registrar

Filed Feb. 8 1919. — H. A. Reese, County Registrar

Nichols