

2473

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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Cochise

BUREAU OF VITAL STATISTICS

State Index No. 27

District _____

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 117

Town Douglas

Local Registrar's No. _____

Or City _____

No. Farmview Addition St. (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Benjamin F. Allen

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White SINGLE MARRIED WIDOWED or DIVORCED

DATE OF DEATH Feb 13 1919 (Month) (Day) (Year)

DATE OF BIRTH Dec 15 1918 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 2/13/19 1919 to _____ 1919; that I last saw h_____ alive

AGE 1 yrs. 27 mos. 27 days If less than 1 day _____ hrs. or _____ min.

on _____ 1919, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing

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

death was as follows: Broncho Pneumonia

BIRTHPLACE (State or country) Arizona

(Duration) _____ yrs. _____ mos. _____ days

NAME OF FATHER Arthur Allen

Was disease contracted in Arizona? _____

BIRTHPLACE OF FATHER (State or country) Texas

If not, where? _____

MAIDEN NAME OF MOTHER Sda Harris

CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days

BIRTHPLACE OF MOTHER (State or country) New Mexico

(Signed) _____ 1919 (Address) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Arthur Allen

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. LENGTH OF RESIDENCE

(Address) Farmview Addition

At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.

PLACE OF BURIAL OR REMOVAL Douglas DATE OF BURIAL OR REMOVAL _____ 1919

Former or Usual Residence Douglas Filed Mar. 7 1919 H. A. Rees Local Registrar

UNDERTAKER _____ ADDRESS _____

H. A. Rees County Registrar