562

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

County COCHISE

District TOMBSTONE,
Town
Or City TOMBSTONE,

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 7
County Registered No. 301
Local Registrar's No.

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

FULL NAME (MRS.) LOUISE SHEEN REED,

PERSONAL AND STATISTICAL PARTICULARS

SEX: FEMALE

Color or Race + White Indian Black Chinese Mexican

SINGLE MARRIED WIDOWED + or DIVORCED

DATE OF BIRTH: FEBRUARY 4, 1851 191 (Month) (Day) (Year)

AGE: 68 yrs. 1 mos. 28 days. If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country) ENGLAND

PARENTS
NAME OF FATHER ROBERT SHEEN,
BIRTHPLACE OF FATHER (State or country) ENGLAND,
MAIDEN NAME OF MOTHER ELIZA TAYLOR
BIRTHPLACE OF MOTHER (State or country) ENGLAND

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) FRED REED,

(Address) TOMBSTONE, ARIZ.

PLACE OF BURIAL OR REMOVAL: ST. DAVID, ARIZ.

DATE OF BURIAL OR REMOVAL: APRIL 3, 191 9

UNDERTAKER: FAY

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: APRIL 2, 1919. (Month) (Day) 191 (Year)

I hereby certify, that I attended deceased from FEB. 26 1919 to APRIL 2 1919; that I last saw he alive on APRIL 2, 1919, and that death occurred on the date stated above at 12:35 P.M. The DISEASE or INJURY causing death was as follows:

CEREBRAL HEMORRHAGE

(Duration) yrs. 1 mos. 2 days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY CEREBRAL SOFTENING

(Duration) yrs. mos. 20 days

(Signed) [signature]

4/3/'19 191 (Address) TOMBSTONE, 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 1 yrs. mos. ds. In Arizona 40 yrs. mos. ds.

Former or Usual Residence

Filed 4/3/'19 191 [signature] Local Registrar

Filed May 2 1919 H. Reese County Registrar