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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 36
County Registered No. 107
Local Registrar's - No.

PLACE OF DEATH
County Gila
District Globe
Town Globe
Or City Globe

ORIGINAL CERTIFICATE OF DEATH

No. O. S. Power House
(If death occurred in a Hospital or Institution give its NAME instead of street and number.)

FULL NAME Thomas Edgar Commons

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1920
(Month) (Day) (Year)

PERSONAL AND STATISTICAL PARTICULARS
SEX male
Color or Race White
DATE OF BIRTH Sept 1872
AGE 48 yrs. 1 mos. 1 days 1 hrs. 1 min.
OCCUPATION Engineer
BIRTHPLACE England
NAME OF FATHER Unknown
BIRTHPLACE OF FATHER England
MAIDEN NAME OF MOTHER Unknown
BIRTHPLACE OF MOTHER England

I hereby certify that I attended deceased from Jan 1 1920 to June 1 1920; that I last saw him alive on Jan 1 1920 and that death occurred on the date stated above at 5:30 M. The DISEASE or INJURY causing death was as follows: Myocarditis (Heart Failure)

Was disease contracted in Arizona? Yes
If not, where? _____
CONTRIBUTORY Fatty Degeneration of heart
(Duration) 3 yrs. 1 mos. 1 days

(Signed) W. W. Horst M.D.
Globe Ariz
6/29 1920 (Address)

*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE
At place of death... yrs... mos... ds. In Ariz... yrs... mos... ds.
Former or Usual Residence _____

Filed June 30 1920 B. L. Fox Local Registrar.
Filed July 2 1920 B. L. Fox County Registrar.

The Above is True to the Best of My Knowledge
(Informant) Miss Thomas Commons
(Address) Globe, Arizona
PLACE OF BURIAL Globe, Arizona DATE OF BURIAL June 30 1920
UNDER-TAKER H. Jones & Son ADDRESS Globe, Ariz.

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 to secure this information. Incorrect certificates will be returned for correction.