

1895

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 - - No. 115  
County Registered No. 115  
Local Registrar's - No. \_\_\_\_\_

**PLACE OF DEATH**  
County Cochise  
District Douglas  
Town \_\_\_\_\_  
Or City \_\_\_\_\_

**ORIGINAL CERTIFICATE OF DEATH**

No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)  
Colonel Hospital St.

**FULL NAME** James Thomas Custer

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PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	Color or Race White <u>Indian</u> Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>9</u> <u>24</u> 192 <u>0</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>June 14</u> 18 <u>55</u> (Month) (Day) (Year)			I hereby certify that I attended deceased from <u>9-17</u> 1920, to <u>9-24</u> 1920; that I last saw h... alive on <u>9-24</u> 1920, and that death occurred on the date stated above at <u>3 P</u> M. The DISEASE or INJURY causing death was as follows:		
AGE <u>65</u> yrs. <u>3</u> mos. <u>10</u> days If less than 1 day hrs., or...min			<u>Bunch pneumonia</u> Duration) _____ yrs. _____ mos. _____ days		
OCCUPATION (a) Trade, profession or particular kind of work <u>Watch man</u> (b) General nature of industry, business, or establishment in which employed or (employer) <u>C.P. Smelter</u>			Was disease contracted in Arizona? <u>Yes</u> 7		
BIRTHPLACE (State or Country) <u>Arkansas</u>			If not, where? _____		
PARENTS	NAME OF FATHER <u>unknown</u>		CONTRIBUTORY <u>accident</u> (Duration) _____ yrs. _____ mos. _____ days		
	BIRTHPLACE OF FATHER (State or Country) <u>unknown</u>		(Signed) <u>L. Reese</u>		
	MAIDEN NAME OF MOTHER <u>unknown</u>		<u>9/24</u> 1920 (Address) <u>Douglas</u>		
	BIRTHPLACE OF MOTHER (State or Country) <u>unknown</u>		*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.		
The Above is true to the best of my knowledge. (Informant) <u>Mrs. J. J. Custer</u>			LENGTH OF RESIDENCE At place of death <u>18</u> yrs. _____ mos. _____ ds. In Ariz. <u>30</u> yrs. _____ mos. _____ ds.		
(Address) <u>635-17th</u>			Former or Usual Residence <u>Arkansas</u>		
PLACE OF BURIAL OR REMOVAL <u>Douglas</u>		DATE OF BURIAL OR REMOVAL <u>Sept 25</u> 1920		Filed <u>9/25</u> 1920	
UNDERWRITER <u>C.P.</u>		ADDRESS <u>Douglas</u>		Filed <u>Oct. 5</u> 1920	
			Local Registrar <u>L. Reese</u> County Registrar		