2648

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - No. [illegible]
County Registered No. 1243
Local Registrar's - No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH
County Cochise
District
Town
Or City

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

FULL NAME Infant of Mary Alice & Wm I. Ault

PERSONAL AND STATISTICAL PARTICULARS

SEX: ✓
Color or Race: White Indian Black Chinese Mexican
SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: Nov 21 1920 (Month) (Day) (Year)

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

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

BIRTHPLACE (State or Country): Arizona

PARENTS
NAME OF FATHER: Wm I. Ault
BIRTHPLACE OF FATHER (State or Country): Texas
MAIDEN NAME OF MOTHER: Mamie Alice Hughes
BIRTHPLACE OF MOTHER (State or Country): N.Y.

The Above is True to the Best of My Knowledge.
(Informant) Wm I. Ault
(Address) Douglas

PLACE OF BURIAL OR ~~REMOVAL~~: Douglas Ariz.
DATE OF BURIAL OR ~~REMOVAL~~: Nov 22 1920
UNDERTAKER: Ferguson
ADDRESS: Douglas

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11 (Month) 21 (Day) 1920 (Year)

I hereby certify that I attended deceased from 11/21 1920, to ——— 192..; that I last saw h..... alive on ..... 192..., and that death occurred on the date stated above at ..... M. The DISEASE or INJURY causing death was as follows:
Still born infant cause unknown
(Duration) ..... yrs. ..... mos. ..... days

Was disease contracted in Arizona?
If not, where?
CONTRIBUTORY
(Duration) ..... yrs. ..... mos. ..... days

(Signed) A W Parmenter
11/21 1920 (Address) Douglas

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 11/22 1920 J Cuney Local Registrar.
Filed Dec. 3 1920. H. Reese County Registrar.

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.