

420

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. 539  
County Registered No. \_\_\_\_\_  
Local Registrar's - No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF DEATH**

PLACE OF DEATH  
County Pima  
District \_\_\_\_\_  
Town \_\_\_\_\_  
Or City Tucson

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

FULL NAME Chas. Hildebrandt

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race White <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican <input type="checkbox"/>	SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED <input type="checkbox"/>	DATE OF DEATH <u>Dec. 27</u> , 19 <u>20</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>May 13</u> , 19 <u>89</u> (Month) (Day) (Year)			I hereby certify that I attended deceased from <u>Nov. 25</u> 19 <u>20</u> to <u>Dec 27</u> , 19 <u>20</u> ; that I last saw him alive on <u>Dec 26</u> , 19 <u>20</u> , and that death occurred on the date stated above at <u>110<sup>a</sup></u> M. The DISEASE or INJURY causing death was as follows: <u>Bronchitis</u>	
AGE <u>81</u> yrs. <u>7</u> mos. <u>14</u> days hrs., or <u>✓</u> min.				
OCCUPATION (a) Trade, profession or particular kind of work <u>Carpenter</u> (b) General nature of industry, business, or establishment in which employed or (employer) <u>✓ 20</u>			(Duration) _____ yrs. <u>1</u> mos. _____ days.	
BIRTHPLACE (State or Country) <u>Germany</u>			Was disease contracted in Arizona? <u>Yes</u>	
PARENTS	NAME OF FATHER <u>Chas. Hildebrandt</u>		If not, where? _____	
	BIRTHPLACE OF FATHER (State or Country) <u>Germany</u>		CONTRIBUTORY _____	
	MAIDEN NAME OF MOTHER <u>unknown</u>		(Duration) _____ yrs. _____ days.	
	BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>		(Signed) <u>H. V. Whitson</u>	
The Above is True to the Best of My Knowledge (Informant) <u>Chas. Hildebrandt</u> (Address) <u>Tucson, Arizona</u>			<u>12/28</u> , 19 <u>20</u> (Address) _____	
PLACE OF BURIAL OR REMOVAL <u>Evergreen Cemetery</u>		DATE OF BURIAL OR REMOVAL <u>Dec 27</u> , 19 <u>20</u>		
UNDERTAKER <u>City Undertaking Co.</u>		ADDRESS <u>Tucson, Arizona</u>		
			*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.	
			LENGTH OF RESIDENCE At place of death <u>X</u> yrs. <u>1</u> mos. <u>X</u> ds. In Ariz. <u>30</u> yrs. <u>X</u> mos. <u>X</u> ds.	
			Former or Usual Residence <u>Arizona</u>	
			Filed <u>DEC 28 1920</u> <u>W. H. Whitson</u> Local Registrar.	
			Filed <u>1/10 21 1921</u> County Registrar.	