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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		ARIZONA STATE BOARD OF HEALTH	
County <u>Cochise</u>		BUREAU OF VITAL STATISTICS	
District		State Index No. <u>21</u>	
Town		County Registered No. <u>256</u>	
Or City <u>Bisbee</u>		Local Registrar's No. <u>110</u>	
ORIGINAL CERTIFICATE OF DEATH			
No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Henry C. Sommers</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race White Indian Black Chinese Mexican	DATE OF DEATH <u>June 11 1921</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Sept. 29 1878</u> (Month) (Day) (Year)	SINGLE MARRIED WIDOWED or DIVORCED	I hereby certify, that I attended deceased from _____ 191_____ to _____ 191_____; that I last saw h. _____ alive on _____ 191_____, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows: <u>Falling of Ground</u>	
AGE <u>42 yrs 8 mos 13 days</u> hrs., or _____ min.	Occupation (a) Trade, profession or particular kind of work <u>Miner</u> (b) General nature of industry, business, or establishment in which employed or (employer)	Was disease contracted in Arizona? _____ If not, where? _____	
BIRTHPLACE (State or country) <u>Indiana</u>	NAME OF FATHER <u>Jonas P. Sommers</u>	CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days	
BIRTHPLACE OF FATHER State or country <u>Ohio</u>	MAIDEN NAME OF MOTHER <u>Ann E. Day</u>	(Signed) <u>W. L. McKenzie</u> <u>June 13 1921</u> (Address) <u>Lowell</u>	
BIRTHPLACE OF MOTHER State or country <u>Indiana</u>	*In deaths 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		LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
(Informant) <u>Blaise C. Sommers</u>	Former or Usual Residence Filed <u>June 13 1921</u> <u>W. L. McKenzie</u> Local Registrar		
(Address) <u>Bisbee Ariz. G.P.</u>	PLACE OF BURIAL OR REMOVAL <u>Bisbee, Ariz.</u>	DATE OF BURIAL OR REMOVAL <u>June 14 1921</u>	Filed <u>7-7-1921</u> <u>R. B. Dwyer</u> County Registrar
UNDERAKER <u>W. E. Hutton</u>	ADDRESS _____		