3070

— Remington —

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 36

County Registered No. 253

Local Registrar's No. 107

PLACE OF DEATH

County Cochise

District Warren

Town Or City Bisbee

No. _____ St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Ben Franklin Twomey

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White ✓ Indian, Black, Chinese, Mexican

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Feb 19 1921 (Month) (Day) (Year)

AGE: ___ yrs 4 mos 3 days — If less than 1 day ___ hrs., or ___ min.

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

BIRTHPLACE (State or country): Bisbee Arizona

PARENTS

NAME OF FATHER: W. B. Twomey

BIRTHPLACE OF FATHER (State or Country): Texas

MAIDEN NAME OF MOTHER: Elizabeth A Helncamp

BIRTHPLACE OF MOTHER (State or Country): Merland

The Above Is True to the Best of My Knowledge

(Informant) W. B. Twomey

(Address) Lowell Arizona

PLACE OF BURIAL OR REMOVAL: Bisbee Arizona

DATE OF BURIAL OR REMOVAL: June 23 1921

UNDERTAKER: Hennessy Undco

ADDRESS: Bisbee Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 22 1921 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 6/21 1921 to 6/22 1921; that I last saw him alive on 6/22 1921 and that death occurred on the date stated above at 2 P.M. The DISEASE or INJURY causing Death was as follows: Dysentery

2 (Duration) ___ yrs ___ mos ___ days

Was disease contracted in Arizona? _____

If not, where? _____

CONTRIBUTORY: —

_____ (Duration) ___ yrs ___ mos ___ days

(Signed) C. L. Edmundson

6/27 1921 (Address) Bisbee

*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 Arizona ___ yrs ___ mos ___ ds.

Former or Usual Residence _____

Filed 6-23-1921 W. G. Bryan — Local Registrar

Filed 7-5-1921 R. B. Dunfee — County Registrar