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THE CERTIFICATE OF DEATH is to be filed with the Local Registrar and by him transmitted to the County Registrar. The Local Registrar will issue burial or removal permit as desired, upon filing the proper certificate subject to the laws of the State and the Regulations of the Board of Health.

STATEMENT OF OCCUPATION—Precise statement of occupation

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 53a

Registered No.

1. PLACE OF DEATH

County Cochise State Arizona.

District or Township Tombstone or Village or

City Tombstone No. Seventh St., St. Fourth Ward

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

2. FULL NAME Hampford S. Ford.

(a) Residence, No. Seventh St., Fourth Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. A. Ford

6. DATE OF BIRTH Jan 27, 1851

7. AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
70	7	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mines & Miner

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Knolton

(State or country) Pennsylvania, U. S. A.

PARENTS

10. NAME OF FATHER John Ford

11. BIRTHPLACE OF FATHER Knolton (city or town)

(State or country) Pennsylvania. U. S.

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER Unknown (city or town)

(State or country) Pennsylvania

14. Informant Andrew Ford

(Address) Tombstone Arizona.

15. Filed May 18, 1928 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 29, 1921 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1921 to Aug. 29, 1921 that I last saw him alive on Aug. 29, 1921 and that death occurred, on the date stated above, at 9:30 P. M. The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Silicosis

(duration) 3 yrs. mos. ds.

18. Where was disease contracted If not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) X H. A. Shelley, M. D.

May 18, 1928 (Address) Phoenix, Ariz

* State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Tombstone, Ariz	Aug. 31, '28
20. UNDERTAKER	**ADDRESS**
Hennessey Undt. Co	Bisbee, Ariz