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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No.
County Registered No. 962
Local Registrar's - No.

PLACE OF DEATH

County Cochise
District Douglas
Town Or City Douglas

No. 510 – 5th St St.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Abdul Salem

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White ~~Indian~~ ~~Black~~ Chinese ~~Mexican~~

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH: Feb (Month) (Day) 1861 (Year)

AGE ..... yrs. ..... mos. ..... days | If less than 1 day ..... hrs., or ..... min

OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed or (employer): 49

BIRTHPLACE (State or Country): Syria

PARENTS
NAME OF FATHER: Salem Salem
BIRTHPLACE OF FATHER (State or Country): Syria
MAIDEN NAME OF MOTHER: Najle Morad
BIRTHPLACE OF MOTHER (State or Country): Syria

The Above is True to the Best of My Knowledge.
(Informant) Tony Salem
(Address) 510 – 5th St

PLACE OF BURIAL OR ~~REMOVAL~~: Calvary Cemetery
DATE OF BURIAL OR REMOVAL: ..... 192..
UNDERTAKER: Ames-Dugan Co
ADDRESS: Douglas Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 30 (Day) 1922 (Year)

I hereby certify that I attended deceased from Oct 1 1922, to Nov 30 1922; that I last saw him alive on Nov 30 1922, and that death occurred on the date stated above at 2.25 AM. The DISEASE or INJURY causing death was as follows: Carcinoma of mediastinum

(Duration) ..... yrs. 6 mos. ..... days

Was disease contracted in Arizona? Yes

If not, where? #

CONTRIBUTORY None

(Duration) ..... yrs. ..... mos. ..... days

(Signed) E. W. Adamson
12/11 1922 (Address) Douglas Arizona

*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 11/30 1922 [signature] Local Registrar.

Filed 12/8 1922 R B Dunfee 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.