

MARGIN RESERVED FOR BINDING

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.

PLACE OF DEATH

1. County Cochise
District Superior Spg V
Town or City Tullesville

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index - - No. 18
County Registrar's No. 19
Local Registrar's - No. _____

ORIGINAL CERTIFICATE OF DEATH

2. FULL NAME Ernie Fumbus
(a) Residence. No. Tullesville St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE Mex 5. SINGLE, MARRIED, WID-OWED or DIVORCED Married
6. DATE OF BIRTH (month, day and year) _____
7. AGE Years 43 Months _____ Days _____ IF LESS than 1 day... hrs. or... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Janitor (b) General nature of industry, business, or establishment in which employed (or employer) private (c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country) New Mex
10. NAME OF FATHER Ernie Fumbus
11. BIRTHPLACE OF FATHER (city or town) (State or country) Mex
12. MAIDEN NAME OF MOTHER Mrs. H
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Mex

14. Informant J. M. Kennedy
(Address) _____
15. Filed 12/2, 1922 Registrar [Signature]
V. S. No. 1 1-6-23

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 2/3/23
17. I HEREBY CERTIFY, That I attended deceased from 12/21, 1922 to _____, 1922, that I last saw h.m. alive on 12/22, 1922, and that death occurred, on the date stated above, at 11 P. m. The CAUSE OF DEATH* was as follows:

Rattle snake bite
(duration) _____ yrs. mos. 1/2 ds.
CONTRIBUTORY Vein punctured by bite
(Secondary) (duration) _____ yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____

What test confirmed diagnosis? _____
(Signed) [Signature], M. D.
12/17 (Address) [Address]

* 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 Tullesville DATE OF BURIAL 12/3/22 1922

20. UNDERTAKER Edl Porter ADDRESS Southern