2414

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - No. 1122
County Registrar's No. 123
Local Registrar's - No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

1. County Gila
District Globe
Town or City Globe
No. , County Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Curt R Bischofshausen
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day and year) 4/21/1896

7. AGE: Years 27 | Months — | Days — | IF LESS than 1 day ....hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Welder
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad Work
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Texas

PARENTS

10. NAME OF FATHER: Geo. W. Bischofshausen
11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12. MAIDEN NAME OF MOTHER: Selma Braunar
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14. Informant
(Address)

15. Filed 3/30, 1923 B. G. Scott
Registrar

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 3/29 1923

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 6:10 P.m.
The CAUSE OF DEATH* was as follows:
from a Gun Shot wound, being shot by Bertha Bischofshausen

.....(duration).....yrs.....mos.....ds.

CONTRIBUTORY (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) J. F. Hechtman acting coroner, M. D.
19 (Address) Globe, Arizona.

* 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.)

Shotgun

19. PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Haskell, Texas
DATE OF ~~BURIAL~~: 4/3 1923

20. UNDERTAKER: D. L. Jones & Son
ADDRESS: Globe, Ariz.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of *tor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary* work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter. (b) the nature of the injury, as fracture of skull, and consequences ment; it should be used only when needed. As *homicide*; *Poisoned by carbolic acid—probably suicide*. The ma- (b) *Cotton mill*; (a) *Salesman*, (b) nature of the injury, as *sepsis*, *tetanus*) may be stated under the head of

"Exhaustion," "Shock," "Old age," "Debility," "Weakness," "Marasmus," "Collapse," "Coma," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS or INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The (Recommendations on Nomenclature