

2790

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.

*Watkins*

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

County Cochise State Index - - No. 22  
 District Warren County Registrar's No. 217  
 Town Bisbee Local Registrar's - No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF DEATH**

No. Copper Queen Hospital St. \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Ben C. Croff

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Male</u>	Color or Race White <input checked="" type="checkbox"/> Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH <u>Aug 21 1869</u> (Month) (Day) (Year)	AGE <u>53</u> yrs. <u>7</u> mos. <u>17</u> days If less than 1 day hrs., or min.	
OCCUPATION (a) Trade, profession or particular kind of work <u>Miner</u> (b) General nature of industry, business, or establishment in which employed or (employer)		
BIRTHPLACE (State or Country) <u>Utah</u>		
PARENTS		
NAME OF FATHER <u>William Croff</u>		
BIRTHPLACE OF FATHER (State or Country) <u>Unknown</u>		
MAIDEN NAME OF MOTHER <u>Unknown</u>		
BIRTHPLACE OF MOTHER (State or Country) <u>Unknown</u>		

The Above is True to the Best of My Knowledge.  
 (Informant) Adela Croff  
 (Address) Bisbee Arizona

PLACE OF BURIAL OR REMOVAL <u>Bisbee Arizona</u>	DATE OF BURIAL OR REMOVAL <u>April 10 1923</u>
UNDERTAKER <u>Hennings Ind Co.</u>	ADDRESS <u>Bisbee Arizona</u>

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH  
April 8 1923  
(Month) (Day) (Year)

I hereby certify that I attended deceased from \_\_\_\_\_ 192\_\_\_\_, to \_\_\_\_\_ 192\_\_\_\_; that I last saw h..... alive on \_\_\_\_\_ 192\_\_\_\_, and that death occurred on the date stated above at 4:45 A.M. The DISEASE or INJURY causing death was as follows:  
Lobar Pneumonia  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

Was disease contracted in Arizona? No  
 If not, where? \_\_\_\_\_

CONTRIBUTORY  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
 (Signed) Thos. Watkins  
4-17-1923 (Address) Bisbee

\*If 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 4/28 1923 C. F. Hawley, M.D. Local Registrar.  
 Filed 5/8 1923 R. B. Kempfer County Registrar.