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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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 35
County Registrar's - No. 252
Local Registrar's - No.

PLACE OF DEATH

1. County Cochise
District St David Ariz
Town or City Curtis
No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Ted Bloomfield

(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): Single

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

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 20 | Months — | Days — | IF LESS than 1 day ..... hrs. or ..... min.

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

9. BIRTHPLACE (city or town) (State or country): New Mexico

PARENTS

10. NAME OF FATHER: R.H. Bloomfield
11. BIRTHPLACE OF FATHER (city or town) (State or country): unknown
12. MAIDEN NAME OF MOTHER: —
13. BIRTHPLACE OF MOTHER (city or town) (State or country):

14. Informant: Apache Powder Co
(Address): St David Ariz

15. Filed May 24, 1923 — J N Christensen, Local Registrar.
Filed 6-7-23, 19 — R B Wenger, County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 22, 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 12 m.
The CAUSE OF DEATH* was as follows:
Explosion at powder works

..... (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) Conner H. C. Busby, M. D.
19 (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: Benson Arizona
DATE OF ~~BURIAL~~ removal: May 25 1923

20. UNDERTAKER: Hennessy Und. Co
ADDRESS: Bisbee, Ariz