

PERMANENT RECORD. Every item of information 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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

1. County Pima District Ajo Town or City Ajo

State Index - No. 285
County Registrar's - No. _____
Local Registrar's - No. 3

2. FULL NAME H. S. Smith (Heinz Ludwig Rudolph Neumann -)
(If death occurred in a hospital or institution, give its NAME instead of street number)

(a) Residence. No. Ajo, Ariz 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.

| PERSONAL AND STATISTICAL PARTICULARS | | | |
|---|----------------------------------|--|---|
| 3. SEX <u>Male</u> | 4. COLOR or RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Single</u> | |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>not married</u> | | | |
| 6. DATE OF BIRTH (month, day and year) | | | |
| 7. AGE <u>34</u> Years | Months | Days | IF LESS than 1 day _____ hrs. or _____ min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Electrician</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer <u>working for the N.C. Copper Co. or C.C. mine construction Co.</u> | | | |
| 9. BIRTHPLACE (city or town) (State or country) | | | |
| 10. NAME OF FATHER | | | |
| 11. BIRTHPLACE OF FATHER (State or country) (city or town) | | | |
| 12. MAIDEN NAME OF MOTHER | | | |
| 13. BIRTHPLACE OF MOTHER (State or country) (city or town) | | | |
| 14. Informant (Address) | | | |
| 15. Filled <u>June 6, 1923</u> <u>John S. Wood</u> Local Registrar. Filed <u>June 10, 1923</u> _____ County Registrar. V. S. No. 1 _____ | | | |

| MEDICAL CERTIFICATE OF DEATH | |
|---|---------------------------|
| 16. DATE OF DEATH (month, day, and year) <u>June 5, 1923</u> | |
| 17. I HEREBY CERTIFY, That I attended deceased from <u>May 30</u> , 1923, to <u>June 5</u> , 1923, that I last saw him alive on <u>June 5</u> , 1923, and that death occurred, on the date stated above, at <u>4, P. M.</u> The CAUSE OF DEATH* was as follows: <u>accidentally coming in contact with a live wire, while at work</u> (duration) _____ yrs. _____ mos. <u>5</u> ds. | |
| 18. Where was disease contracted (duration) _____ yrs. _____ mos. _____ ds. <u>at home</u> If not at place of death? _____ Did an operation precede death? <input checked="" type="checkbox"/> Date of _____ Was there an autopsy? <input checked="" type="checkbox"/> What test confirmed diagnosis? (Signed) <u>O. B. Patton</u> M. D. 19 (Address) <u>Ajo</u> | |
| * 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 | DATE OF BURIAL |
| 20. UNDERTAKER <u>A. L. Moore & Son</u> | ADDRESS <u>Phoenix</u> |