

2190

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.

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

State Index - - - No. 17  
County Registrar's - No. 230  
Local Registrar's - No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF DEATH**

1. PLACE OF DEATH  
 If County Cochise  
 District Douglas  
 Town or City Douglas  
 No. M. Lucie Betty Douglas Day (If death occurred in a hospital or institution, give its NAME instead of street number) Ward \_\_\_\_\_

2. FULL NAME R. L. Johnson  
 (a) Residence. No. 1900 21st, Douglas Ariz. Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 18 yrs. mos. ds. (How long in U.S. if of foreign birth? yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Married</u> <small>(Write the word)</small>			16. DATE OF DEATH (month, day, and year) <u>10-12 1923</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Sammie Johnson</u> (or) WIFE of _____					17. HEREBY CERTIFY, That I attended deceased from <u>Oct 5 1923</u> to <u>Oct 17th 1923</u> that I last saw him alive on <u>Oct 1 1923</u> and that death occurred, on the date stated above, at <u>8:45 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Mitral Stenosis with Regurgitation</u> (duration) _____ yrs. _____ mos. <u>7</u> ds.	
6. DATE OF BIRTH (month, day and year)					CONTRIBUTORY (Secondary) <u>Injury</u> (duration) _____ yrs. _____ mos. <u>7</u> ds. *Where was disease contracted? <u>Not at place of death?</u>	
7. AGE	Years <u>48</u>	Months _____	Days _____	IF LESS than 1 day _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>Frank's Truck</u> (c) Name of employer <u>Ray &amp; Johnson</u>					Did an operation precede death? <u>No</u> Date of _____	
9. BIRTHPLACE (city or town) (State or country) <u>Arkansas</u>					Was there an autopsy? <u>Yes</u>	
10. NAME OF FATHER <u>W. J. Johnson</u>					What test confirmed diagnosis? <u>None</u>	
11. BIRTHPLACE OF FATHER (State or country) <u>Arkansas</u>					(Signed) <u>Paul P. Callaway M.D.</u>	
12. MAIDEN NAME OF MOTHER <u>Annabelle</u>					* State the Disease Causing Death, 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.)	
13. BIRTHPLACE OF MOTHER (State or country) <u>Arkansas</u>					19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Douglas Ariz</u>	
14. Informant (Address) <u>Harvey A. Johnson</u>					DATE OF BURIAL <u>10/14/23 19</u>	
15. Filed <u>10/14 1923</u> Local Registrar					20. UNDERTAKER <u>Porter Thomas</u>	
V. S. No. 1					ADDRESS <u>Douglas Ariz</u>	