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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

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 302
County Registrar's - No.
Local Registrar's - No.

PLACE OF DEATH
County Pima
District —
Town or city Tucson No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

FULL NAME Rice Williams

(a) Residence. No. 309 E. First 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

SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Williams

DATE OF BIRTH (month, day and year) Nov. 30, 1850

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	73	X	14	

OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or Country) Ky

10. NAME OF FATHER Rice Williams

11. BIRTHPLACE OF FATHER (city or town) (State or country) Ky

12. MAIDEN NAME OF MOTHER Elizabeth Thompson

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Ky

Informant B. T. Williams
(Address) 309 E. 1st Tucson, Arizona

Filed 12/17, 1923 H. A. G. Schnabel
Local Registrar.

Filed JAN 10 1924, 19
No. 1 County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Dec. 14 1923

17. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1923 to Dec 14, 1923 that I last saw him alive on Dec 6, 1923 and that death occurred, on the date stated above, at 9.45 P. m. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Dont Know (duration) yrs. mos. ds.

CONTRIBUTORY (secondary) None (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Dont Know

Did an operation precede death? no date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

Signed S. E. Huffman M. D.
12/15/1923 (Address) Tucson Ariz

* 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~~ Evergreen Cemetery — DATE OF BURIAL 12/17/1923.

20. UNDERTAKER Reilly Undertaking Co., — ADDRESS Tucson, Arizona