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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. 38
County Registrar's - No. 50
Local Registrar's - No.

PLACE OF DEATH

1. County Cochise
District Douglas
Town or city Douglas No. Calumet Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Joe Holden
(a) Residence. No. Near Silver Creek 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 | 4. COLOR or RACE | 5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) |
|---|---|---|
| Male | White | Single |

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

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

| 7. AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 43 | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Road Foreman
(b) General nature of industry, business or establishment in which employed (or employer) State of Ariz
(c) Name of employer

9. BIRTHPLACE (city or town) (State or Country) Not Known

PARENTS

10. NAME OF FATHER " "
11. BIRTHPLACE OF FATHER (city or town) (State or country) " "
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14. Informant Mrs Carter
(Address) Silver Creek Ariz.

15. Filed 1-29 19 [signature] Local Registrar.
Filed Feb 7 1924 [signature] County Registrar.

V. S. No. 1

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 1/28/ 1924

17. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....,
that I last saw him alive on Jan 27, 1924
and that death occurred, on the date stated above, at 12 15 a.m.
The CAUSE OF DEATH* was as follows:
Acute Perforating ulcer stomach
(duration) ....yrs. ....mos. 1 ds.
CONTRIBUTORY (secondary)
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No date of
Was there an autopsy? Yes
What test confirmed diagnosis?
Signed W A Greene, 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 | DATE OF BURIAL |
|---|---|
| Douglas | 1/29/24 |
| 20. UNDERTAKER | ADDRESS |
| Porter + Ames | Douglas |