2544

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 49
County Registrar's - No. 268
Local Registrar's - No.

**PLACE OF DEATH**

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

2. FULL NAME George W. Stevens

(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 3 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 | Married |

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

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

| 7. AGE Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| 66 | 8 | 11 | |

8. 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

9. BIRTHPLACE (city or town) Somerset
(State or country) Penna

PARENTS

10. NAME OF FATHER Henry Stevens
11. BIRTHPLACE OF FATHER ..... (city or town)
(State or country) Penn
12. MAIDEN NAME OF MOTHER Margaret Adams
13. BIRTHPLACE OF MOTHER ..... (city or town)
(State or country) Md

14. Informant Mrs. M. A. Stevens
(Address)

15. Filed May 27, 1924 J. H. Morrison Local Registrar.
Filed 6-9-24, 19 R B Dunbar County Registrar.

V. S. No. 1

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (month, day, and year) May 26, 1924

17. I HEREBY CERTIFY, That I attended deceased from May 23, 1924 to May 26, 1924, that I last saw him alive on May 26, 1924 and that death occurred, on the date stated above, at 9 p. m. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? At Place of Death
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed J. H. Morrison, M. D.
May 27, 1924 (Address) Benson

* 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

DATE OF BURIAL May 27, 1924

20. UNDERTAKER

ADDRESS

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.

MARGIN RESERVED FOR BINDING