

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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Cochise
District Douglas

BUREAU OF VITAL STATISTICS

State Index - - - No. 85
County Registrar's - No. 232
Local Registrar's - No. _____

ORIGINAL CERTIFICATE OF DEATH

Town or city _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Stillborn son of H. L. Henry
(a) Residence. No. 1428 - B. Ave. 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

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

6a. 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.

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

9. BIRTHPLACE (city or town) Douglas (State or Country) Arizona

10. NAME OF FATHER H. L. Henry

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

12. MAIDEN NAME OF MOTHER Evelyn Beitz

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

14. Informant H. L. Henry (Address) 1428 - B. Ave.

15. Filed 6/20 1924 J. C. Campbell Local Registrar.

Filed 7-8-24 1924 R. B. Wampler County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 6/19 1924

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 4 A. m. The CAUSE OF DEATH* was as follows:

Premature Stillborn
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

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

Did an operation precede death? _____ date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____
J. C. Campbell M. D.
6/20/24 19 (Address) _____

* State the Disease Causing Death, or in death 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 Douglas DATE OF BURIAL June 21 1924

20. UNDERTAKER Porter & Ames ADDRESS Douglas