4426

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

PLACE OF DEATH

1. County Pima — Dr. Mills Physician Reg.

District 12

State Index - - - No. 407

County Registrar's - No.

Local Registrar's - No.

Town or City Tuscon, Arizona No. 1400 E. 6th Street St. Tuscon, Ward

(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Coleman Herbert Bryant

(a) Residence. No. 1400 E. 6th Street St., Ward. Tuscon, Arizona

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2½ mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word): Married

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

6. DATE OF BIRTH (month, day and year) March ? 1895

7. AGE Years 29 Months 10 Days ? IF LESS than 1 day ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unemployed

(b) General nature of industry, business or establishment in which employed (or employer) None

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Missouri

PARENTS

10. NAME OF FATHER John Bryant

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. Informant (Address) Mrs. Geraldine Bryant 1400 E. 6th St., Tuscon, Ariz.

15. Filed 1/20, 1925 [signature] Local Registrar.

Filed FEB 10 1925 [signature] County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan. 19 1925

17. I HEREBY CERTIFY, That I attended deceased from ..., 19... to Jan. 18th, 1925

that I last saw him alive on Jan. 18th, 1925

and that death occurred, on the date stated above, at 12:01 am 1-19-25 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 7 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? Yes Date of Sept. 1924

Was there an autopsy? No

What test confirmed diagnosis? Tub. bac. in sputum

(Signed Charles W. Mills M. D.

Jan 19 1925 (Address) Tuscon 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: Morehouse, Mo.

DATE OF BURIAL: 1-20- 1925

20. UNDERTAKER: Parker-Grimshaw Co., Tuscon, Ariz.

ADDRESS