9409

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

351

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No. ~~[illegible]~~
County Registrar's - - No.
Local Registrar's - - - No. 137

PLACE OF DEATH

1. County Yavapai
District Prescott.
Town or City U.S. Veterans' Hospital No. 50, Whipple, Arizona. St., Ward 10
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME HOOD William David. C 256-024

(a) Residence. No. Florence, Arizona. St., Ward.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 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 Mrs. Alberta Hood.
(or) WIFE of

6. DATE OF BIRTH (month, day and year) February 15, 1894.

7. AGE: Years 31, Months 6, Days 18. IF LESS than 1 day ... hrs. or ... min.

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

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

PARENTS

10. NAME OF FATHER William Hood (Deceased)
11. BIRTHPLACE OF FATHER Illinois. (city or town)
(State or country)
12. MAIDEN NAME OF MOTHER Oribelle Patton
13. BIRTHPLACE OF MOTHER Indiana. (city or town)
(State or country)

14. Informant D. O. Roe, Registrar, Adm. Asst.
(Address) Whipple, Arizona.

15. Filed 9/ Harry T. Southworth Local Registrar.
Filed ... 19 ... County Registrar.

V. S. No. 1

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) September 1 1925

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 19 25 to Sept. 3, 19 25
that I last saw him alive on Sept. 3, 1925,
and that death occurred, on the date stated above, at 6:38 AM.
The CAUSE OF DEATH* was as follows:
Tuberculosis, chronic, pulmonary, active; far advanced (c)
6
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Army
Did an operation precede death? no Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Sputum
(Signed) G. D. ALLEE Med. Off in Charge. M.D.
9/3/25 Whipple, Arizona.

* 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: Florence, Ariz.
DATE OF BURIAL: Sep. 5 1925
20. UNDERTAKER: Lester Ruffner
ADDRESS: Prescott Ariz