

4495

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.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH State File No. 44

1. PLACE OF DEATH
County Cochise State Arizona Registered No. _____
District or Township Pittleville or Village _____
City _____ No. County Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number).
2. FULL NAME George Alfred Walker
(a) Residence No. Paradise 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. 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. Married
(Write the word)
5a. If married, widowed, or divorced HUSBAND of Lula Walker
(or WIFE of)
6. DATE OF BIRTH (month, day and year)
7. AGE Years 64 Months _____ Days _____ IF LESS than 1 day _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(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) Missouri
10. NAME OF FATHER John Walker
11. BIRTHPLACE OF FATHER (city or town) (State or country) Not known
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Not known
14. Informant Walker, Reed Walker
(Address) Paradise Arizona
15. Filed _____, 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Oct 24 1925
17. I HEREBY CERTIFY, That I attended deceased from Oct 22 1925 to Oct 23 1925 that I last saw h. is alive on Oct 23 1925 and that death occurred, on the date stated above, at h. 7:40 a. m. The CAUSE OF DEATH* was as follows:
Colemia, pulmonary
operation for Rupture of Gall
Bladder in April 1924
(duration) yrs. mos. 10 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? no
What test confirmed diagnosis? _____
(Signed) William M. D.
Oct 24 1925 (Address) Pittleville
* 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 Paradise Arizona DATE OF BURIAL Oct 24 1925
20. UNDERTAKER Porter & Ames ADDRESS Douglas Arizona