

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Cochise State: Arizona
District or Township: Douglas or Village:
City: Douglas No: 1040-5th St
2. FULL NAME: James Curry Bennett
(a) Residence No: 1040-5th St
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: Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year)
7. AGE: 9 Years Months Days IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(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): Arizona
10. NAME OF FATHER: George C Bennett
11. BIRTHPLACE OF FATHER (State or country) (city or town): Tenn
12. MAIDEN NAME OF MOTHER: Fullerton
13. BIRTHPLACE OF MOTHER (State or country) (city or town): Tenn
14. Informant: George C Bennett (Address) 1040-5th St
15. Filed: 1-19-26 J. Clausen Registrar

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (month, day, and year) 1-18-1926
17. I HEREBY CERTIFY, That I attended deceased from 1-17-1926 to 1-18-1926 that I last saw him alive on 1-17-1926 and that death occurred, on the date stated above, at 5 A.M. The CAUSE OF DEATH* was as follows: Heart failure
CONTRIBUTORY Asthma
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) S. J. Smith, M. D.
* 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: Douglas Arizona DATE OF BURIAL: 1-19-26
20. UNDERTAKER: Porter & Ames ADDRESS: Douglas

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.