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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No. 43
County Registrar's - - No.
Local Registrar's - - - No. 13

PLACE OF DEATH

1. County Cochise
District Warren
Town or City Bisbee No. ..... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME John E Williamson
(a) Residence. No. Lowell 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. (Write the word): Single

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

6. DATE OF BIRTH (month, day and year) Aug 24 1874

7. AGE: Years 51, Months 5, Days 26. 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) Corryell Co. (State or country) Texas

PARENTS

10. NAME OF FATHER Andrew Williamson
11. BIRTHPLACE OF FATHER Mo (State or country) (city or town)
12. MAIDEN NAME OF MOTHER A. Blechor
13. BIRTHPLACE OF MOTHER (State or country) Texas (city or town)

14. Informant T. Williamson (Address)

15. Filed 1-22-24, 19 N B Kemper Local Registrar.
Filed ....., 19 ..... County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 1/20/24 1924

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926 to Jan 20, 1926
that I last saw him alive on Jan 20, 1926,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Peritonitis following rupture of colon caused by blow on abdomen
..... (duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (Secondary)
..... (duration) ..... yrs. ..... mos. 1 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? yes
What test confirmed diagnosis? autopsy
(Signed) G H Fitzgerald, M. D.
19 (Address) Bisbee 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~~ Bisbee
DATE OF BURIAL Jan 22 1926

20. UNDERTAKER Palace Undertaking
ADDRESS Bisbee

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.

MARGIN RESERVED FOR BINDING