416

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No. 393
County Registrar's - - No.
Local Registrar's - - - No. 83

PLACE OF DEATH

1. County Pima
District
Town or City Tucson No. 44 W Mesilla St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME H Oyama
(a) Residence. No. 44 W Mesilla 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 9 yrs. x mos. ds. How long in U. S. if of foreign birth? 16 yrs. x mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR or RACE Japanese
5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) Married

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

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

7. AGE Years 39 Months x Days x IF LESS than 1 day ..... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town)
(State or country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town)
(State or country)

14. Informant Mary Oyama
(Address) Tucson Ariz

15. Filed 2/2 1926 Dial G Schnabel Local Registrar.
Filed ..... 19 ..... County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 1-30- 1926

17. I HEREBY CERTIFY, That I attended deceased from 1-13 ..... 1926 to 1-30 1926
that I last saw him alive on 1-30 1926
and that death occurred, on the date stated above, at 11 a m.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
..... (duration) ..... 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? no Date of ✓
Was there an autopsy?
What test confirmed diagnosis? Sputum
(Signed) Meade Clyne, M. D.
2-1 1926 (Address) Tucson 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~~ Holy Hope Cem
DATE OF BURIAL 2-1 1926

20. UNDERTAKER Tucson Und Co
ADDRESS Tucson Ariz

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.