

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. County Hospital Ward

2. FULL NAME: Nicholas Baylor Eastland
(a) Residence No.: Douglas St.: Ward:
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

5a. If married, widowed, or divorced: HUSBAND of Louisa Eastland

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

7. AGE: 51 Years 9 Months IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED: (a) Trade, profession, or particular kind of work: Cattleman

9. BIRTHPLACE (city or town) (State or country): Texas

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (city or town) (State or country): "

14. Informant: Mrs. Louisa Eastland (Address) 1238-13th St

15. Filed: 19 Registrar:

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 6-8 1926

17. I HEREBY CERTIFY, That I attended deceased from June 7 1926 to June 8 1926 that I last saw h. alive on June 8 1926

and that death occurred, on the date stated above, at 8:29 a.m. The CAUSE OF DEATH was as follows: Bronch pneumonia

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

(duration) 1 yrs. 6 mos. ds.

18. Where was disease contracted, if not at place of death?

Did an operation precede death? Date of:

Was there an autopsy? What test confirmed diagnosis?

(Signed) J. H. Allison M. D. June 9 1926 (Address) Douglas

\* 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 Ariz. DATE OF BURIAL: 6-12-26

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.