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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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF DEATH**

1. County Coconino State Index - - - No. 33  
 District \_\_\_\_\_ County Registrar's - No. \_\_\_\_\_  
 Local Registrar's - No. \_\_\_\_\_

Town or city Douglas No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME John E. Newbury  
 (a) Residence. No. 834 - 10th St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, 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					MEDICAL CERTIFICATE OF DEATH				
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Single</u>			16. DATE OF DEATH (month, day, and year) <u>July, 26 1926</u>	17. I HEREBY CERTIFY. That I attended deceased from <u>July 8th</u> , 19 <u>26</u> to <u>July 26</u> , 19 <u>26</u> that I last saw him alive on <u>July 26</u> , 19 <u>26</u> and that death occurred, on the date stated above, at <u>5:40 P. M.</u> The CAUSE OF DEATH <sup>s</sup> was as follows: <u>Remission Anemia</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					18. Where was disease contracted if not at place of death? _____ Did an operation precede death? <u>no</u> date of _____ Was there an autopsy? <u>no</u>				
6. DATE OF BIRTH (month, day and year)					19. What test confirmed diagnosis? <u>Blood test</u>				
7. AGE	Years <u>49</u>	Months <u>4</u>	Days <u>10</u>	IF LESS than 1 day hrs. or min.	CONTRIBUTORY (secondary) <u>Chronic Bronchitis Disease</u> (duration) <u>6</u> yrs. mos. ds. Signed <u>J. E. Reeves</u> , M. D. <u>July 22 1926</u> (Address) <u>Douglas</u>				
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Justice of Peace.</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					* 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.)				
9. BIRTH PLACE (city or town) <u>Edgwood</u> (State or Country) <u>Texas</u>					18. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Douglas, Arizona</u> DATE OF BURIAL <u>July 29 1926</u>				
10. NAME OF FATHER <u>J. B. Newbury</u>					20. UNDERTAKER <u>Kennedy Undertaking Co.</u> ADDRESS <u>Prescott Ariz</u>				
11. BIRTHPLACE OF FATHER (city or town) <u>Miss.</u>									
12. MAIDEN NAME OF MOTHER <u>M. Reeves</u>									
13. BIRTHPLACE OF MOTHER (city or town) <u>Al.</u>									
14. Informant <u>Walter Newbury</u> (Address) <u>Douglas Ariz</u>									
15. Filed <u>7-27-1926</u> <u>J. E. Reeves</u> Local Registrar.									
Filed _____ 19____ County Registrar.									
V. S. No. 1									