

PLACE OF DEATH

1. County Cochise
District Warren
Town or City South Bisbee

AFFIDAVIT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - - - No. 5
County Registrar's - - No. 15
Local Registrar's - - - No. 15

ORIGINAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street number) St. _____ Ward _____

2. FULL NAME Charles H. McRae

(a) Residence, No. _____ (Usual place of abode) 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
(Write the word)

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

6. DATE OF BIRTH (month, day and year) Sept 20 - 1879

7. AGE Years 47 Months 3 Days 10 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) employed
(c) Name of employer C. F. A. Mining Co.

9. BIRTHPLACE (city or town) Miller Canyon (State or country) Cochise County Arizona

10. NAME OF FATHER Joseph McRae

11. BIRTHPLACE OF FATHER (State or country) Utah (city or town) _____

12. MAIDEN NAME OF MOTHER Maria Taylor

13. BIRTHPLACE OF MOTHER (State or country) Utah (city or town) _____

14. Informant (Address) John McRae
Bisbee, Arizona

15. Filed 1-2-27, 19 R. B. Bulph Local Registrar.
V. S. No. 1 _____, 19 _____ County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan 1 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 31 1926 to Jan 1 1927 that I last saw him alive on Jan 1 1927

and that death occurred, on the date stated above, at 7:00 P. M. The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) _____ yrs. _____ mos. 5 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? No

What test confirmed diagnosis? (Signed) W. W. Frankfort M. D. 19 Jan 1 (Address) Bisbee 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 Shelcher Arizona DATE OF BURIAL Jan 3 1927

20. UNDERTAKER Hemmesy Lindt Co. ADDRESS Bisbee, Arizona

SEE INSTRUCTIONS ON BACK OF CERTIFICATE. See instructions on back of certificate. Item of information should be case-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. 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.