2181

Cammerman

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30

1. PLACE OF DEATH

County Cochise State ..... Registered No. .....

District or Township Douglas or Village ..... or

City Douglas No. Calumet Hospital St., ... Ward

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

2. FULL NAME Bruce Stephenson

(a) Residence. No. 934 Greene St 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 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	52			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Attorney

(b) General nature of industry, business or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) Staunton

(State or country) Virginia

PARENTS

10. NAME OF FATHER William Stephenson

11. BIRTHPLACE OF FATHER ..... (city or town)

(State or country) Virginia

12. MAIDEN NAME OF MOTHER Jane Ney

13. BIRTHPLACE OF MOTHER ..... (city or town)

(State or country) Not known

14. Informant Clytie J Stephenson

(Address) 934 Greene St Douglas

15. Filed 2/13, 1929 J Creisey Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 2/11/29

17. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1929 to Feb. 11, 1929, that I last saw him alive on Feb. 11, 1929 and that death occurred, on the date stated above, at 7-00 a.m. The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) —

..... (duration) ..... yrs. ..... mos. ..... ds.

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

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Usual clinical tests of lobar pneumonia

(Signed) [illegible] M. D.

Feb. 11 1929 (Address) Douglas 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	DATE OF BURIAL
Douglas	2/13/29
20. UNDERTAKER	ADDRESS
Porter & Ames	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.