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BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Cochise State _____ Registered No. _____
 District or Township Douglas or Village _____
 City Douglas No. County Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Elmer B Caraway
 (a) Residence No. 748-17th Street 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 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>MARRIED</u> (Write the word)		
5a. If married, widowed, or divorced HUSBAND of <u>Georgia Caraway</u> (or) WIFE of _____				
6. DATE OF BIRTH (month, day and year)				
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.
	<u>30</u>			
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Pipe Line Engineer</u>				
(b) General nature of industry, business or establishment in which employed (or employer) <u>Oil Industry</u>				
(c) Name of employer <u>Agolia Pipe Line Co</u>				
9. BIRTHPLACE (city or town) (State or country) <u>NOT definitely known</u>				
10. NAME OF FATHER <u>Rufus Caraway</u>				
11. BIRTHPLACE OF FATHER _____ (State or country) _____ (city or town)				
12. MAIDEN NAME OF MOTHER _____				
13. BIRTHPLACE OF MOTHER _____ (State or country) _____ (city or town)				
14. Informant <u>Georgia B Caraway</u> (Address) <u>748-17th St Douglas, Ariz</u>				
15. Filed <u>7/28/29</u> <u>Blaney</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (month, day, and year)	<u>2-25-29</u>
17. I HEREBY CERTIFY, That I attended deceased from <u>Feb 18</u> , 19 <u>29</u> to <u>Feb 25</u> , 19 <u>29</u> , that I last saw h. <u>alive</u> on <u>Feb 24</u> , 19 <u>29</u> and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Pulmonary tuberculosis</u>	
(duration) _____ yrs. _____ mos. _____ ds.	
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.	
18. Where was disease contracted <u>Other</u> _____ (duration) _____ yrs. _____ mos. _____ ds.	
Did an operation precede death? _____ Date of _____	
Was there an autopsy? _____	
What test confirmed diagnosis? _____ (Signed) <u>W. C. ...</u> M. D. <u>Feb 25</u> 19 <u>29</u> (Address) <u>Douglas Ariz</u>	
* 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 <u>Douglas, Arizona</u>	DATE OF BURIAL <u>2/28/29</u>
20. UNDERTAKER <u>Porter & Ames</u>	ADDRESS <u>Douglas</u>

MARGIN RESERVED FOR BINDING. 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.