507

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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 376

Local Registrar's No. 677

667

1. PLACE OF DEATH

County Pima State Arizona

District or Township ___ or Village ___ or

City Tucson No. ___ St., ___ Ward

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

2. FULL NAME Charles Monroe Bland.

(a) Residence, No. Hayden Jct. Ariz 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. 15 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. (Write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Claudia B. Bland

6. DATE OF BIRTH (month, day and year) July 4, 1887

7. AGE: Years 42 | Months 1 | Days 15 | IF LESS than 1 day ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work RR Brakeman

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Jasper D. Bland

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

12. MAIDEN NAME OF MOTHER Whitlock

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

14. Informant Claudia B. Bland.

(Address) Hayden Jct. Ariz.

15. Filed AUG 20 1929 By Alvin Kinnse Registrar.

3 25974

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. (Month) 19 (Day) 1929 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6/10, 1929 to 8/19, 1929, that I last saw him alive on 8/8, 1929, and that death occurred, on the date stated above, at 6 a.m. The CAUSE OF DEATH* was as follows:

Thrombo angiitis obliterans

L. foot & leg

Thrombo angiitis

(duration) ___ yrs. ___ mos. 90 ds.

CONTRIBUTORY (Secondary) Injected foot

(duration) ___ yrs. ___ mos. 60 ds.

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

Did an operation precede death? Yes Date of 6/12/29

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [signature], M. D.

AUG 19 1929 1308, Scott

* 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~~: Evergreen Cemetery

DATE OF BURIAL: AUG 20 1929

20. UNDERTAKER: Reilly Undertaking Co.

ADDRESS: Tucson, Arizona