2286

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 37
County Registrar's - No.
Local Registrar's - No.

PLACE OF DEATH

1. County Cochise
District Douglas
Town or City Douglas
No. Calumet Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Henry Becker

(a) Residence. No. 403-8th Street, Douglas, Arizona St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred About 4 yrs. 4 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 Anna Simon Becker

6. DATE OF BIRTH (month, day and year) 12-23-1885

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
About	43	11	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Iron Worker
(b) General nature of industry, business or establishment in which employed (or employer) Copper Smelter
(c) Name of employer Phelps Dodge Corp

9. BIRTHPLACE (city or town) Socorro
(State or country) New Mexico

PARENTS

10. NAME OF FATHER Not known
11. BIRTHPLACE OF FATHER " (city or town)
(State or country) "
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER " (city or town)
(State or country) "

14. Informant Personal Record Department
(Address) Copper Queen, Douglas, Ariz

15. Filed 12-20, 1929 Anna Simon Becker Local Registrar.
Filed , 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 12-18-29 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1929 to Dec 18, 1929
that I last saw him alive on Dec. 18, 1929
and that death occurred, on the date stated above, at 11-00PM m.
The CAUSE OF DEATH* was as follows:
Traumatic ventrial Hernia of left side of abdomen. Fracture of both bones of left forearm (radius + ulna)
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Surgical shock
(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Dec 18, 1929
Was there an autopsy? No
What test confirmed diagnosis?
12-19-29 19 (Signed) Chas. F. W. Kohlenberger M. D.
(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 Douglas, Arizona
DATE OF BURIAL 12-20-29 19

20. UNDERTAKER Porter & Ames, Douglas,
ADDRESS Ariz.

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.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING