2754

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 469

Registered No. 272

1. PLACE OF DEATH

County Pinal State Arizona

District or Township _____ or Village _____ or

City Florence No. _____ St., _____ Ward

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

2. FULL NAME Francis W. Stillman

(a) Residence, No. South Florence 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 78 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
84	7		

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (city or town) Utica

(State or country) New York

PARENTS

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER Unknown (city or town)

(State or country)

14. Informant Florence Lodge #9 A. F. & A. M.

(Address) Florence, Ariz

15. Filed Dec 6, 1927 B. O. Lewis M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF ~~BIRTH~~ Death Dec 3 1927

Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1927 to Dec 3, 1927, that I last saw him alive on Dec 3, 1927, and that death occurred, on the date stated above, at 3:45 a.m. The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) yrs. mos. ds.

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

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) B. Olive Lewis, M. D.

Dec 7 1927 (Address) Florence

* 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 Florence Cemetery.

DATE OF BURIAL Dec 5-1927

20. UNDERTAKER D. C. Martin

ADDRESS Florence