

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

1. PLACE OF DEATH County Cochise State Arizona District or Township Mrs Cabezas or Village City No. (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME John J. Howard (a) Residence No. (Usual place of abode) Length of residence in city or town where death occurred 50 yrs. - mos. - ds. - How long in U. S. if of foreign birth? 70 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS 3. SEX male 4. COLOR or RACE white 5. SINGLE, MARRIED, WIDOWED or DIVORCED. widowed 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Vandewalker 6. DATE OF BIRTH (month, day and year) Aug 20, 1845 7. AGE Years 84 Months 4 Days 14 IF LESS than 1 day hrs. or min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Miner (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) (State or country) Portugal England 10. NAME OF FATHER Unknown 11. BIRTHPLACE OF FATHER (city or town) (State or country) England 12. MAIDEN NAME OF MOTHER Unknown 13. BIRTHPLACE OF MOTHER (city or town) (State or country) England 14. Informant Mrs. Mary Cunningham (Address) Mrs. Cabezas, Ariz. 15. Filed Jan 7th 1930 W. W. K. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH January 3rd 1930 17. HEREBY CERTIFY. That I attended deceased from Oct 1929 to Jan 1930 that I last saw him live on Dec 30 1930 and that death occurred, on the date stated above, at 4:15 P.M. THE CAUSE OF DEATH* was as follows: Pulmonary Oedema (duration) yrs. mos. ds. CONTRIBUTORY Arterio Sclerosis (Secondary) (duration) yrs. mos. ds. 18. Where was disease contracted If not at place of death? Did an operation precede death? Date of. Was there an autopsy? What test confirmed diagnosis? (Signed) J. P. Wilcox M.D. (Address) Wilcox, 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 Mrs Cabezas, Ariz DATE OF BURIAL Jan 5th 1930 20. UNDERTAKER F. W. Rottman ADDRESS Wilcox, Ariz.

NEVER RE-USE THIS BINDING. Every item of information should be carefully checked for accuracy. THIS IS A PERMANENT RECORD. Every item of information should be carefully checked for accuracy. N. B. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully checked for accuracy. FULLY 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.