674

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. 16

1. PLACE OF DEATH

County Cochise State Arizona Local Registrar's No.

District or Township Douglas or Village or

City Douglas No. City Water Works St., Ward

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

2. FULL NAME Isaac F Johnson

(a) Residence, No. 1418 - 20 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 14 yrs. 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 Belle Johnson

6. DATE OF BIRTH (month, day and year) Feb 5 1861

7. AGE	Years	Months	Days	IF LESS than day hrs. or min.
	69	4	28	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer City of Douglas

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

PARENTS

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14. Informant Elihu Johnson

(Address) Rte. 2 Box 200 A Tucson

15. Filed 7/5 1930 J Causey Registrar.

3 25974

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 3rd 1930 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 , that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 8:30 P m. The CAUSE OF DEATH* was as follows:

Died suddenly while at work - Clinical history indicates that death was due to angina pectoris.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 2

(duration) yrs. mos. ds.

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

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) J Causey, M. D.

7/5 1930 (Address) Douglas

* 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.	DATE OF BURIAL
Douglas Ariz	7/5/30
20. UNDERTAKER	ADDRESS
Porter & Ames	Douglas