

2161

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.

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

1. PLACE OF DEATH
 County Cochise State Arizona State File No. 29
 Township Douglas or Village
 City Douglas No. Calumet Hospital Registered No. _____ or
 (If death occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Curtis Tidd Howard
 (a) Residence: No. Warren Arizona St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH							
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word)			21. DATE OF DEATH (month, day, and year) <u>10-19-30, 19</u>							
5a. If married, widowed, or divorced HUSBAND of <u>Lina Howard</u> (or) WIFE of					22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.							
6. DATE OF BIRTH (month, day, and year) <u>12-19-1870</u>					I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ P. m.							
7. AGE <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Years <u>59</u></td> <td style="width: 20%;">Months <u>10</u></td> <td style="width: 20%;">Days <u>1</u></td> <td colspan="2">LESS than day _____ hrs. _____ min.</td> <td colspan="2">The principal cause of death and related causes of importance were as follows:</td> </tr> </table>					Years <u>59</u>	Months <u>10</u>	Days <u>1</u>	LESS than day _____ hrs. _____ min.		The principal cause of death and related causes of importance were as follows:		Date of Onset
Years <u>59</u>	Months <u>10</u>	Days <u>1</u>	LESS than day _____ hrs. _____ min.		The principal cause of death and related causes of importance were as follows:							
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Janiter</u>					Broken neck fractured in auto - while ascending							
							Other contributory causes of importance:					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Warren Schools</u>					10. Date deceased last worked at this occupation (month and year)							
10. Date deceased last worked at this occupation (month and year)					11. Total time (years) spent in this occupation							
12. BIRTHPLACE (city or town) (State or country) <u>Little Falls Minn.</u>					Name of operation _____ Date of _____							
13. NAME <u>Frank Howard</u>					What test confirmed diagnosis? _____ Was there an autopsy? _____							
14. BIRTHPLACE (city or town) (State or country) <u>Not known</u>					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 ____							
15. MAIDEN NAME <u>Clara Umpstead</u>					Where did injury occur? _____ (Specify city or town, county and State)							
16. BIRTHPLACE (city or town) (State or country) <u>Not known</u>					Specify whether injury occurred in industry, in home, or in public place.							
17. INFORMANT <u>Mrs. Robert Powers</u> (Address) <u>750-12th St. Douglas</u>					Manner of injury _____ Nature of injury _____							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Bisbee Arizona</u> Date <u>10-26-30</u>					24. Was disease or injury in any way related to occupation of deceased?							
19. UNDERTAKER <u>Porter & Ames</u> (Address) <u>Douglas Arizona</u>					If so, specify _____ (Signed) <u>[Signature]</u> M. D.							
20. Filed <u>10/20</u> , 19 <u>30</u> <u>[Signature]</u>												