2465

REVISED UNITED STATES STANDA
CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Asso

Statement of occupation.—Precise statement of occ is very important, so that the relative healthfulness of various can be known. The question applies to each and every person, l lve of age. For many occupations a single word or term on

carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE—Individual offices may add to above list of undesirable

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

State File No. 302

Local Registrar's No. 744

1. PLACE OF DEATH

County: Pima State: Arizona

District or Township: Ajo or Village: or

City: — No. St., Ward

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

2. FULL NAME Benjamin Franklin Bolt

(a) Residence, No. Ajo, Arizona 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 ✓ yrs. 6 mos. ✓ ds. How long in U. S. if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Widowed

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

6. DATE OF BIRTH (month, day and year): Apr. 23, 1855

7. AGE: Years 74 Months 5 Days 9 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Contractor
(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): Texas

PARENTS

10. NAME OF FATHER: James A. Bolt

11. BIRTHPLACE OF FATHER (city or town) (State or country): Texas

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Texas

14. Informant: T. J. Richardson
(Address): Ajo, Arizona

15. Filed 10-6, 1930 Dr. A. Kimsey Registrar.

33710

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct. 2nd 1930 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 2 1930 to, 19..., that I last saw him alive on, 19..., and that death occurred, on the date stated above, at 5:55 a. m. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Ruptured Aneurism
Aorta

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Peritonitis

(duration) 10 yrs. mos. 10 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? Clinical

(Signed) Ellen Woodney, M. D.

10/7/30 19 (Address) Ajo, 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: Evergreen Cemetery

DATE OF BURIAL: OCT 4 1930

20. UNDERTAKER: Kelly Undertaking Co.

ADDRESS: Tucson, Arizona