9376

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13

Registered No.

1. PLACE OF DEATH

County Cochise State Arizona

District or Township Bowie-Sansimon or Village Bowie

City Bowie No. St., Ward

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

2. FULL NAME (Not named) Stillborn Reasoner

(a) Residence. No. 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. 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	Single

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

6. DATE OF BIRTH (month, day and year) 2-8-31

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

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

(c) Name of employer

9. BIRTHPLACE (city or town) Bowie, Arizona (State or country)

PARENTS

10. NAME OF FATHER William Reasoner

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

12. MAIDEN NAME OF MOTHER Stella May Simmons

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

14. Informant William Reasoner

(Address) BOWIE, ARIZONA

15. Filed 2-9, 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 8 1931 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-8, 1931 to 2-8, 1931, that I last saw him alive on —, 19—, and that death occurred, on the date stated above, at 9 m. The CAUSE OF DEATH* was as follows:

Stillborn

(duration) yrs. mos. ds.

CONTRIBUTORY (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) B. E. Briscoe, M. D.

2-9-31 19 (Address) Willcox

* 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~~ Bowie Cemetery

DATE OF BURIAL 2-9-31

20. UNDERTAKER J. B. PENDARVIS

ADDRESS BOWIE, ARIZONA

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.