84

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.

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

State File No. 72

1. PLACE OF DEATH

County Graham State Arizona Local Registrar's No. 113

District or Township ..... or Village ..... or

City Safford, No. Main - Squibb Hosp St., ... Ward

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

2. FULL NAME Freeman E Hubbard.

(a) Residence, No. Safford. St., ... Ward. .....

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurreed 4 yrs. 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): Married

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

6. DATE OF BIRTH (month, day and year) June 27 - 1862

7. AGE: Years 69 Months 4 Days 18 IF LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

(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) unknown

PARENTS

10. NAME OF FATHER Elisha Hubbard.

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

12. MAIDEN NAME OF MOTHER Agnes Archabel.

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

14. Informant Clem Hubbard. (Address) Miami Arizona

15. Filed Dec 8, 1931 J. N. Shatton Registrar. By C. H. [illegible]

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 15 1931 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1931 to Nov 15th, 1931, that I last saw him alive on Nov 15th, 1931, and that death occurred, on the date stated above, at 7 P m. The CAUSE OF DEATH* was as follows:

Uremia from Prostatic obstruction of bladder

..... (duration) ..... yrs. ..... mos. ten ds.

CONTRIBUTORY (Secondary) Myocarditis chronic interstitial nephritis

..... (duration) seven yrs. ..... mos. ..... ds.

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

Did an operation precede death? yes Date of Nov 10th 31

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) H. W. Squibb M. D.

Nov 15 1931 (Address) Safford 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: Pima Ariz

DATE OF BURIAL: Nov. 17 - 31

20. UNDERTAKER: W. C. Rawson

ADDRESS: Safford.