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MARGIN RESERVED FOR BINDING  
N. B.—WRITE MAINLY, 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

1. PLACE OF DEATH  
 County Cochise State Arizona State File No. 31  
 Township Douglas or Village \_\_\_\_\_ Registered No. 127  
 City \_\_\_\_\_ No. 1219-21st St St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

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 L. D. Condit  
 (a) Residence: No. Douglas 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) <u>divorced</u>			21. DATE OF DEATH (month, day, and year) <u>12-28, 1931</u>	22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>divorced</u>					I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at <u>59</u> m.	
6. DATE OF BIRTH (month, day, and year)					The principal cause of death and related causes of importance were as follows:	
7. AGE Years <u>73</u>	Months _____	Days _____	If LESS than 1 day _____ or _____		Date of Onset _____	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Minister</u>					<u>deceased was minister          &amp; a driver being cult.          No medical attention          history indicates that he          died from an acute heart          attack</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____						
10. Date deceased last worked at this occupation (month and year) _____			11. Total time (years) spent in this occupation _____		Other contributory causes of importance: _____	
12. BIRTHPLACE (city or town) (State or country) <u>Iowa</u>					Name of operation _____ Date of _____	
13. NAME <u>Leola Condit</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>Not known</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>Wm. Peasley</u> (Address) <u>207-20 Edge St Los Angeles</u>					Manner of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Douglas</u> Date <u>12-31-31</u>					Nature of injury _____	
19. UNDERTAKER <u>Porter &amp; Co</u> (Address) <u>Douglas Arizona</u>					24. Was disease or injury in any way related to occupation of deceased? _____	
20. Filed <u>17 29, 1931</u> Registrar					If so, specify _____	
					(Signed) <u>Peasley</u> M. D. (Address) <u>Los Angeles, Ariz</u>	