

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH County Coochise State Arizona Registered No. 320
Township Willcox or Village
City Willcox, No. St. Ward
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Thomas Duggan Fulguhn
(a) Residence: No. (Usual place of abode) St. Ward. (If nonresident give city or town and State)

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 Grace Fulguhn (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 9/5/1854
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 78 3 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
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
12. BIRTHPLACE (city or town) Seguin Texas (State or country)
13. NAME Jacob D. Fulguhn
14. BIRTHPLACE (city or town) N. C. (State or country)
15. MAIDEN NAME Pherove Come
16. BIRTHPLACE (city or town) Ga. (State or country)
17. INFORMANT Miss. Ruby Fulguhn (Address) Bisbee, Ariz.
18. BURIAL PLACE Willcox, Ariz. Date 12/21/33
19. UNDERTAKER (Address)
20. Filed 1/9/33 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month, day, and year) Dec 20 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to Dec 19 1933
I last saw him live on Dec 20 1933; death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. D.
(Address)

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.