

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
Township Douglas or Village _____
City Douglas No. Calumet Hospital 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 Baby Boy Mr&Mrs William Johnson
(a) Residence: No. 911 - 15th St. St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

State File No. 31
Registered No. 210

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>12-27-32</u>			
7. AGE	Years	Months	Days
			<u>2</u>
If LESS than 1 day, ...hrs. or ...min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
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) <u>Douglas</u> (State or country) <u>Arizona</u>			
13. NAME <u>William Johnson</u>			
14. BIRTHPLACE (city or town) <u>Texas</u> (State or country)			
15. MAIDEN NAME <u>Lydia Beam</u>			
16. BIRTHPLACE (city or town) <u>New Mexico</u> (State or country)			
17. INFORMANT <u>William Johnson</u> (Address) <u>911-15th St.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Douglas</u> Date <u>12-23-32</u>			
19. UNDERTAKER <u>Porter & Ames</u> (Address) <u>Douglas Arizona</u>			
20. Filed <u>12/23/32</u> 19 <u>32</u> <u>W. Johnson</u> Registrar			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year)	<u>12-23-32</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>12-21-32</u> to <u>12-22-32</u> , 19 <u>32</u> I last saw <u>him</u> alive on <u>12-22-32</u> , 19 <u>32</u> ; death is said to have occurred on the date stated above, at <u>home</u> The principal cause of death and related causes of importance were as follows: <u>Respiratory virus</u> Other contributory causes of importance: <u>SA</u> <u>1</u> <u>2</u> 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) <u>W. Johnson</u> (Address) <u>Douglas Arizona</u>	