

9141

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

I. PLACE OF DEATH

County Cochise

District or Township

State Arizona

State File No. 21

City Tombstone

or Village

Registered No. 43

2. FULL NAME

Elma Ina Johnson

No. (If death occurred in a hospital or institution, give its NAME instead of street and number).

(a) Residence, No.

(Usual place of abode)

St. (If non-resident, give city or town and State) Ward

Length of residence in city or town where death occurred

yrs 47 mos. - ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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 Samuel Edward Johnson

6. DATE OF BIRTH (month, day and year)

July 6 - 1860

7. AGE

Years 72 Months 7 Days 8

IF LESS than 1 day. hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife  
(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)

Andover Vermont

10. NAME OF FATHER

Edwin R. Joff

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

Woodstock Vermont

12. MAIDEN NAME OF MOTHER

Phoebe Jane Woodhew

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

Alexander New York

14. Informant (Address)

Sam. E. Johnson Tombstone Ariz

15. Filed

7/16/33 Gluesy Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb - 14 1933

17. I HEREBY CERTIFY, That I attended deceased from Feb 5 1933 to Feb 13 1933

that I last saw h. alive on Feb 13 1933

and that death occurred, on the date stated above, at 7:55 a.m.

The CAUSE OF DEATH\* was as follows: Cerebral Hemorrhage

(duration) yrs. 1 mos. ds. CONTRIBUTORY Arterio Sclerosis

(duration) yrs. 5 mos. ds. Probable

18. Where was disease contracted (If not at place of death?)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) R. A. Lee 7Feb 14 1933 (Address) Tombstone Ariz M. D.

\* 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

Tombstone Ariz

DATE OF BURIAL

7/16/33

20. UNDERTAKER

Robert Ames

ADDRESS

Douglas

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.