

2605

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

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

1. PLACE OF DEATH
 County Cochise State Arizona Registered No. 97
 Township Double Adobe or Village _____ or
 City _____ No. 13 Miles n. of Douglas 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 2 yrs 5 mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs _____ mos. _____ ds.

2. FULL NAME John Albert Johnson
 (a) Residence: No. Double Adobe District St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

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>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Mary King</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>March 12th 1868</u>		
7. AGE Years <u>67</u>	Months <u>I</u>	Days <u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Himself</u>		
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (city or town) (state or country) <u>Illinois</u>		
13. NAME <u>Carl A Johnson</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>		
15. MAIDEN NAME <u>Anna Anderson</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>		
17. INFORMANT <u>W. R. Johnson</u> (Address) <u>Double Adobe District</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Douglas Arizona</u> Date <u>5-8-33</u> 19____		
19. UNDERTAKER <u>Porter & Ames</u> (Address) <u>Douglas Arizona</u>		
20. Filed <u>578</u> 19 <u>33</u> <u>[Signature]</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7th 1933
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Heart Failure
Heart trouble for the past several years.

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) D. A. Ash, Justice of the Peace, D.
 (Address) Douglas Arizona