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Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. 54 ✓

REGISTERED NO. 228

...D CERTIFICATE OF DEATH

...OF DEATH Cochise

...Y Douglas

...HIP Douglas

STATE ARIZONA

OR VILLAGE

NO. County Hospital ST., WARD

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

...OF RESIDENCE ...TY OR TOWN WHERE DEATH OCCURRED ___ YRS. ___ MOS. 1 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? ___ YRS. ___ MOS. ___ DS.

...L NAME Charolette Josephine Amalong HOW LONG IN STATE WHEN DEATH OCCURRED? 56 YRS. ___ MOS. ___ DS.

...RESIDENCE: NO. Dos Cabezas, Arizona ST., ___ WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

...EX ...ale | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Widow

...IF MARRIED, WIDOWED, OR DIVORCED ...HUSBAND OF (OR) WIFE OF

...DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-28-1865

...AGE YEARS 69 | MONTHS 7 | DAYS 27 | IF LESS THAN 1 DAY, ___ HRS. OR ___ MIN.

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. At Home

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) (STATE OR COUNTY) California Sacramento

FATHER

13. NAME Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

17. INFORMANT Mrs Ivey McKinney (ADDRESS) 538-South 5th St Tucson, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE El Dorado Ariz DATE 12-28-34, 19

19. EMBALMER { LICENSE NO. 211 SIGNATURE E E Hunter

FUNERAL DIRECTOR Porter & Ames

ADDRESS Douglas, Arizona

20. FILED 12-27-34, 19 E W Adamson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25-34 19

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 12-24-34, 19, TO 12-25-34, 19

I LAST SAW HER ALIVE ON 12-25-34, 19; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 4-35PM M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

	DATE OF ONSET
Arterio sclerosis	?
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Myocarditis chronic	?
Cirrhosis of liver	?

NAME OF OPERATION None DATE OF #

WHAT TEST CONFIRMED DIAGNOSIS? Clinical WAS THERE AN AUTOPSY? No

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) E W Adamson, M. D.

(ADDRESS) Douglas, Arizona

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

...CAUSE ...TION is very important.

10M—10-6-34—REP-GAZ PRINTERY— FORM 3