

556

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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** STATE FILE NO. 45  
 BUREAU OF VITAL STATISTICS REGISTERED NO. \_\_\_\_\_

1. PLACE OF DEATH  
 COUNTY Cochise STATE ARIZONA  
 TOWNSHIP Tombstone OR VILLAGE \_\_\_\_\_  
 CITY Tombstone NO. Tramont Homes ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE  
 IN CITY OR TOWN WHERE DEATH OCCURRED 15 YRS. 0 MOS. 0 DS. HOW LONG 82 IF OF FOREIGN BIRTH? YRS. MOS. DS.

2. FULL NAME Margaret A. Sebring HOW LONG 47 STATE WHEN DEATH OCCURRED YRS. MOS. DS.  
 (A) RESIDENCE: NO. Tombstone Ariz ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 (USUAL PLACE OF ABODE) (NON-RESIDENT: CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Widowed</u>
-------------------------	----------------------------------	--

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/8/1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, —HRS. OR —MIN.
	<u>74</u>	<u>4</u>	<u>17</u>	

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) (STATE OR COUNTY) Chicago Illinois

13. NAME Phillip Keintz

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

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) \_\_\_\_\_

17. INFORMANT (ADDRESS) J. Sebring (son) Tombstone Ariz

18. BURLI, CREMATION, OR REMOVAL Cremation DATE 12/27/35

19. EMBALMER LICENSE NO. 7212  
 SIGNATURE [Signature]  
 FUNERAL DIRECTOR Porter & Sons # 29-9  
 ADDRESS Douglas Arizona

20. FILED 12-25, 1935 J. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25/35 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Dead not attend, 1935  
 I LAST SAW H. \_\_\_\_\_ ALIVE ON \_\_\_\_\_, 1935 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT about 7 o'clock P.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET  
Natural Cause - deceased found dead in bed

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:  
Paralysis - deceased had been 20 yrs invalid many years ago

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ 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 \_\_\_\_\_, 1935  
 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? No

IF SO, SPECIFY (SIGNED) W.D. Gilman I., M. D.  
 (ADDRESS) Tombstone Ariz