

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**  
BUREAU OF VITAL STATISTICS      STATE FILE NO. 48

1. PLACE OF DEATH      COUNTY Cochise      STATE ARIZONA      REGISTERED NO. 33  
TOWNSHIP Sisbee      OR VILLAGE \_\_\_\_\_  
CITY Sisbee      NO. \_\_\_\_\_      ST. \_\_\_\_\_      WARD \_\_\_\_\_

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) \_\_\_\_\_  
IN CITY OR TOWN WHERE DEATH OCCURRED 12 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.      HOW LONG IN U. S. OF FOREIGN BIRTH? 12 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
2. FULL NAME Dorothy M. James      HOW LONG IN STATE WHEN DEATH OCCURRED? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE NO. 17 A. Hojave Trail Warren      WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female      4. COLOR OR RACE white      5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18 1923

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
	<u>14</u>	<u>9</u>	<u>27</u>	

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) Colman Texas

13. NAME Wylie James

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

15. MAIDEN NAME Dorothy Collins

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

17. INFORMANT Mrs. Wylie James (ADDRESS) Warren, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Sisbee, Arizona DATE Feb. 16 1937

19. EMBALMER } LICENSE NO. 223  
FUNERAL DIRECTOR } SIGNATURE J. C. Hubbard  
Hubbard Mortuary  
ADDRESS Sisbee, Arizona

20. FILED Feb 16, 1937 R. B. Wulfsohn REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1937

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM 2-15-37 TO 2-15-37 1937  
I LAST SAW HIM ALIVE ON 2/15, 1937. DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 4:00 A. M.

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

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:  
measles

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 \_\_\_\_\_

HANNER OF INJURY \_\_\_\_\_  
NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? Yes

IF SO, SPECIFY (SIGNED) J. C. Hubbard M. D. (ADDRESS) \_\_\_\_\_