

1506

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 31

1. PLACE OF DEATH
 COUNTY Cochise STATE ARIZONA REGISTERED NO. 75
 TOWNSHIP Bisbee OR VILLAGE _____ OR _____
 CITY Bisbee NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME, STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 48 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH 48 YRS. _____ MOS. _____ DS.
2. FULL NAME Theodore Metz HOW LONG IN STATE WHEN DEATH OCCURRED 48 YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. 511 Tombstone Canyon ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Apr. 4, 1937</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>3/1</u> , 19 <u>37</u> , TO <u>Apr. 4</u> , 19 <u>37</u> . I LAST SAW HIM ALIVE ON <u>Apr. 4</u> , 19 <u>37</u> . DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>3:25 P.M.</u> THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Chr. Central Regurgitation</u> <u>arteriosclerosis</u> OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Chr. Degeneration of Arteries</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Katherine Metz</u>						
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 12, 1866</u>						
7. AGE		YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	
		<u>70</u>	<u>-</u>	<u>22</u>		
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Retired</u>					
	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) <u>1921</u> 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>16</u>					
12. BIRTHPLACE (CITY OR TOWN) <u>Alsace Lorraine</u> (STATE OR COUNTY) <u>Europe</u>						
FATHER	13. NAME <u>Theophile Metz</u>					
	14. BIRTHPLACE (CITY OR TOWN) <u>Alsace Lorraine</u> (STATE OR COUNTY) <u>Europe</u>					
MOTHER	15. MAIDEN NAME <u>Sophie Hoffman</u>					
	16. BIRTHPLACE (CITY OR TOWN) <u>Alsace Lorraine</u> (STATE OR COUNTY) <u>Europe</u>					
17. INFORMANT (ADDRESS) <u>Mrs. Katherine Metz</u> <u>Bisbee, Arizona</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bisbee, Ariz.</u> DATE <u>4/6/37</u> 19 _____						
19. EMBALMER (ADDRESS) _____ FUNERAL DIRECTOR <u>John B. Dugan</u> <u>Hennessey Undertaking Co.</u> <u>Bisbee, Arizona.</u>						
20. FILED <u>Apr 6, 1937</u> <u>R. B. [Signature]</u> REGISTRAR						

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) H. J. French M. D.
 (ADDRESS) Bisbee, Ariz.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION