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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. 42

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH
COUNTY Cochise STATE ARIZONA REGISTERED NO. _____
TOWNSHIP _____ OR VILLAGE _____
CITY Tombstone 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 46 YRS. _____ MOS. _____ DS. HOW LONG IN _____ IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Alethea Ford HOW LONG IN STATE WHEN DEATH OCCURRED? 56 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Tombstone Ariz. ST. _____ 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Hampford S. Ford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-1-58

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
78 7 16

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. House-wife

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) London Eng.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Andrew Ford
(ADDRESS) Tombstone Arizona

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Tombstone Ariz. DATE 5-18-1957

19. EMBALMER { LICENSE NO. 245
SIGNATURE J. C. Hubbard
FUNERAL DIRECTOR Hubbard Mortuary
ADDRESS Bisbee, Arizona

20. FILED 5/17 1957 J. D. Taylor
LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1937

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 8 AM.

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

Arteriosclerotic Heart disease

DATE OF ONSET _____

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Heart failure (sudden)

none

NAME OF OPERATION _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS none 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? No

IF SO, SPECIFY _____

(SIGNED) C. L. Stewart M. D.
(ADDRESS) Tombstone