2037

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

39

State File No.

Registered No. 204

1. PLACE OF DEATH

County Cochise State ARIZONA

Township Douglas or Village or

City Douglas No. 920-10th St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 33 yrs. 1 mos. ds. How long in U. S. if of foreign birth? 59 yrs. mos. ds.

How long in State when death occurred? 33 yrs. 1 mos. ds.

2. FULL NAME Bernard Joseph Ames

(a) Residence: No. 920-10th St St., Ward.

(Usual place of abode) (If non-resident give city or town and state)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Julia A Ames

6. DATE OF BIRTH (month, day, and year) Jan 1st 1859

7. AGE: Years 78 | Months 10 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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 Country) Ireland

FATHER

13. NAME John Ames

14. BIRTHPLACE (city or town) (State or Country) Ireland

MOTHER

15. MAIDEN NAME Catherine Sharkey

16. BIRTHPLACE (city or town) (State or Country) Ireland

17. INFORMANT Howard E Ames

(Address) 1556-12th St Douglas Ariz

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Douglas, Arizona Date 11-24-37

19. EMBALMER { License No. 72-A

{ Signature E C Porter

FUNERAL DIRECTOR Porter & Ames

Address Douglas, Arizona

20. Filed Nov 23, 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-21-1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to Nov 20, 1937

I last saw him alive on Nov 20, 1937; death is said to have occurred on the date stated above, at 8-30AM

The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid

Date of Onset

Other contributory causes of importance:

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.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. V. Allen, M. D.

(Address) Douglas, Arizona

10M—7-20-37—Sims—Form 3—100% RAG

Back of Certificate to be used for any Additional Information