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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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 23
Registered No. 219

1. PLACE OF DEATH
 County Cochise State ARIZONA
 Township 24-S or Village _____
 City Douglas No. 1135-20th 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 3 yrs. 6 mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME James Henry Aaron How long in State when death occurred 13 yrs. 6 mos. _____ ds.
 (a) Residence: No. 1135-20th Street St. _____ Ward _____
(Usual place of abode) (If resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) Married

6a. If married, widowed, or divorced HUSBAND of Gertrude Aaron (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

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) Texas (State or Country)

MOTHER

13. NAME Unknown

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

15. MAIDEN NAME _____

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

FATHER

17. INFORMANT Frank Aaron (Address) 639-12th St Douglas Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Douglas, Arizona Date 12-12-37

19. EMBALMER { License No. 72- Signature E C Porter FUNERAL DIRECTOR Porter & Ames 29-A Address Douglas, Arizona

20. Filed Dec 11, 1937 C. Adams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-9-1937

22. I HEREBY CERTIFY, That I attended deceased from (12-8-37), 19____, to (12-9-37), 19____
 I last saw him alive on (12-9-37), 19____; death is said to have occurred on the date stated above, at 4:30 PM

The principal cause of death and related causes of importance were as follows:
Natural Heart Disease
Arteriosclerosis
Emphysema
Coronary Arteriosclerosis
Thrombosis

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) [Signature] M. D.
 (Address) Douglas, Arizona