2640

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. 46

1. PLACE OF DEATH

County COCHISE State ARIZONA Registered No. 231

Township or Village PARADISE

City No. 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 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME JAMES COVINGTON HANCOCK How long in State when death occurred? 57 yrs. mos. ds.

(a) Residence: No. # St., Ward.

(Usual place of abode) (If non-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) DIVORCED

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ LAURA C. WOOD

6. DATE OF BIRTH (month, day, and year) JULY 27 1860

7. AGE Years 77 Months 5 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CATTLE

10. Date deceased last worked at this occupation (month and year) 75

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or Country) INDIANAPOLIS IND

FATHER

13. NAME ?

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

MOTHER

15. MAIDEN NAME ?

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

17. INFORMANT (Address) MRS. JAMES C. KENNEDY

18. BURIAL, CREMATION, OR REMOVAL

Place PARADISE, ARIZ Date DEC. 31 1937

19. EMBALMER License No. Signature No embalming

FUNERAL DIRECTOR Family

Address

20. Filed Dec. 30 1937 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) DEC. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from JULY, 1937, to DEC 29, 1937

I last saw him alive on DEC 19, 1937; death is said to have occurred on the date stated above, at 12 A.m.

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

	Date of Onset
MYOCARDITIS (CHRONIC)	

Other contributory causes of importance:

ARTERIO-SCLEROSIS

HYPERTENTION

Name of operation NONE Date of

What test confirmed diagnosis CLINICAL 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?

If so, specify

(Signed) [signature], M. D.

(Address) Douglas Ariz

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information