

9059

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. _____ Registered No. 116

1. PLACE OF DEATH
 County Cochise State ARIZONA
 Township Douglas or Village _____
 City Douglas No. County Hospital 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 5 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.
 2. FULL NAME John Van Order How long in State when death occurred 26 yrs. 2 mos. 24 ds.
 (a) Residence: No. 131-7 Ave 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) Married

6a. If married, widowed, or divorced HUSBAND of Dolores Van Order (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 5-12-1882

7. AGE Years 56 Months 2 Days 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N. P. A
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Metcalfe (State or Country) Arizona

13. NAME John Van Order

14. BIRTHPLACE (city or town) Not known (State or Country) _____

15. MAIDEN NAME Not known

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

17. INFORMANT Dolores Van Order (Address) 131-7 Ave

18. BURIAL, CREMATION, OR REMOVAL Place Douglas Arizona Date 8-8-38, 19____

19. EMBALMER { License No. _____ Signature Howard C. Ames
 FUNERAL DIRECTOR Porter Jones Address Douglas Arizona

20. Filed Aug 8, 1938 C. C. Adams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-7-38, 19____

22. I HEREBY CERTIFY, That I attended deceased from 8-6-38, 19____, to 8-7-38, 19____
 I last saw him alive on 8-6-38, 19____; death is said to have occurred on the date stated above, at 12:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Tuberculous Meningitis
 Date of Onset ?
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? Microscopic Was there an autopsy? Yes
 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) C. C. Adams M. D.
 (Address) Douglas Ar