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SOCIAL SECURITY NO. Unable to locate

# Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State File No. 34

Registered No. 31

1. PLACE OF DEATH

County Cochise State ARIZONA

Township ..... or Village ..... or

City Douglas No. Cochise 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 ..... yrs. 5 mos. 19 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William C Johnson How long in State when death occurred? 39 yrs. ..... mos. ..... ds.

(a) Residence: Portal, Arizona (Usual place of abode) ; (If non-resident, give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) 10-5-1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | 4 | 3 | |

OCCUPATION

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.

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) Texas

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME "

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

17. INFORMANT (Address) Cochise County Hospital Records Douglas, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Paradise, Ariz Date 2-10-40, 19

19. EMBALMER License No. 258-A Signature Gordon Brown

FUNERAL DIRECTOR Porter & Ames 29-A & Friends

Address Douglas, Arizona

20. Filed Feb. 8, 1940 E. W. Adamson Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-8-40, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-19-39, 19..., to 2-8-40, 19...

I last saw him alive on 2-8-40, 19...; death is said to have occurred on the date stated above, at 5-20 A.m.

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

| | Date of Onset |
|---|---|
| Pulmonary Hemorrhage | |
| Pulmonary Tuberculosis | |

Other contributory causes of importance:

Empyema

Name of operation Renal drainage 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) E. W. Adamson, M. D.

(Address) Douglas, Arizona

Back of Certificate to be used for any Additional Information

10M—5-25-39 A.P. Form 3 100% Rag

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.