1783

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 23
Registrar's No. 24

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits write RURAL) (c) Location Douglas Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 72 Hours (Specify whether years, months or days); In Community 0; In Arizona 0
2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Douglas (If outside city limits write RURAL)
(d) Street No. 924-19th St Douglas (Un-Named Son); (e) If foreign born, in U. S. A. ..... yrs.
3. (a) FULL NAME Mr & Mrs Lincoln Gurnett (b) If veteran name war — (c) Social Security No. — (If NONE write the word)

4. Sex Male
5. Color or Race White
6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased 2-11-41 (Month) (Day) (Year)
8. AGE: Years | Months | Days | If less than one day hrs. Still birth min.
9. Birthplace Douglas (City, town or county) Arizona (State or Country)
10. Usual Occupation —
11. Industry or Business —
Father
12. Name Lincoln Gurnett
13. Birthplace Portland (City, town or county) Oregon (State or Country)
Mother
14. Maiden Name Agnes Tacos
15. Birthplace Bisbee (City, town or county) Arizona (State or Country)
16. (a) Informant's own signature Mrs E. W. Gurnett
(b) Address Portal, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Paradise, Arizona (c) Date 2-13-41 19
18. (a) Embalmer's Signature No Embalming
(b) Funeral Director Porter & Ames -29-A& Family
(c) Address Douglas, Arizona
19. (a) Feb. 12 - 1941 (Date received local Registrar)
(b) Ev. Adamson (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 2-11-41, 19 ;
TIME (Hour and minute) 1-00PM M.
21. I hereby certify that I attended the deceased from Feb 11 Born Dead, 19 41 to Feb 11, 19 41 ;
and that death occurred on the date and hour stated above.
Immediate cause of death premature birth wt 3¾ lbs
Due to premature accidental rupture of membranes
Due to 3 days previous
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. E. Montgomery M.D.
Address Douglas, Arizona Date signed 2-11-41