1075

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 27
Registrar's No. 206

1. Place of Death: (a) County Cochise (b) City or Town Douglas-Rural (If outside city limits also write RURAL) (c) Location Cochise Co Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 Mo-8-Days; In Community 43 Years; In Arizona 43 Years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Douglas (If outside city limits also write RURAL)

(d) Street No. 935 Greene Street; (e) Citizen of foreign country (Yes or No) No
If Yes, which country

3. (a) FULL NAME James R Hilburn (b) If Veteran name war None (c) Social Security No. None

4. Sex Male
5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife Fannie Hilburn
6. (c) Age of husband or wife, if alive Dead yrs.
7. Birthdate of deceased April (Month) 19th (Day) 1861 (Year)
8. AGE: Years 83 Months 6 Days 24 If less than one day hrs. min.
9. Birthplace Ellis County (City, town or county) Texas (State or Country)
10. Usual Occupation Peace Officer
11. Industry or Business
Father 12. Name S. W. Hilburn
13. Birthplace (City, town or county) Miss. (State or Country)
Mother 14. Maiden Name Sara E Price
15. Birthplace (City, town or county) Georgia (State or Country)
16. (a) Informant's own signature R. E. Griner
(b) Address 935 Greene St., Douglas, Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas, Ariz (c) Date 11-16 1944
18. (a) Embalmer's Signature E. C. Porter 72-A
(b) Funeral Director Porter & Ames 29-A
(c) Address Douglas, Arizona
19. (a) Nov. 14-1944 (Date received Local Registrar)
(b) E. W. Adamson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 11-13-1944, 19 ;
TIME (Hour and minute) 5-10 PM M.
21. I hereby certify that I attended the deceased from 8-5-44, 19 to 11-13-44, 19 ;
that I last saw him alive on 11-13-44, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death
Arterio sclerosis
Due to Senility
Due to
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 E. W. Adamson M. D.
Address Douglas, Arizona Date signed 11-14-44

18 30M—100% Rag—5/21/43