2393

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 4757
Registrar's No. 82

1. Place of Death: (a) County Cochise (b) City or Town Bisbee (Rural) (If outside city limits also write RURAL) (c) Location Frontier Road (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution None; In Community 41 years; In Arizona 41 years (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Bisbee (rural) (If outside city limits also write RURAL)
(d) Street No. Frontier Road; (e) Citizen of foreign country (Yes or No) No
If Yes, which country
3. (a) FULL NAME Edwin A. Althause (b) If veteran name war World War I (c) Social Security No.

4. Sex Male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Mrs. Ida Althause
6. (c) Age of husband or wife, if alive 43 yrs.
7. Birthdate of deceased January (Month) 21 (Day) 1892 (Year)
8. AGE: Years 56 Months 8 Days 2 If less than one day hrs. min.
9. Birthplace (City, town or county) Texas (State or Country)
10. Usual Occupation Laborer
11. Industry or Business Street Railway - Lumber yard
Father 12. Name Louis Althause
13. Birthplace (City, town or county) Texas (State or Country)
Mother 14. Maiden Name Dorothea Quindel
15. Birthplace (City, town or county) Texas (State or Country)
16. (a) Informant's own signature Ida K Althaus
(b) Address Box 1713 Warren, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place McNeal, Arizona (c) Date Sept. 26 to 48
18. (a) Embalmer's Signature Hugh Dugan Jr
(b) Funeral Director Hugh Dugan, Jr.
(c) Address P.O.Box 82, Bisbee, Arizona.
19. (a) Margaret J Maleady (Date received Local Registrar)
(b) Sept 24 - 1948 (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) September 23, 1948;
TIME (Hour and minute) 3:30 P. M.
21. I hereby certify that I attended the deceased from 9/23/48, 19 to 9/23/48, 19;
that I last saw him alive on 9/23/48; 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Died from a
Due to Second Stroke
and heart attack
Due to Prior Stroke and
Other conditions (Include pregnancy within three months of death)
Major findings: Of operation Partial Paralysis
Of autopsy About 8 Years ago.

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 Death Due to Natural
(c) Where did injury occur? (City or Town) (County) (State) Causes.
(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 L. Frazier Coroner
Address Box 3157 Lowell. Ariz Date signed 9/24/1948

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