2788

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERM[ANENT] RECORD.
FILL OUT ALL BLANKS.
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified.
If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information.
Incorrect certificates will be returned for correction.

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

TERRITORIAL INDEX NO. 54

COUNTY REGISTERED NO. 69

LOCAL REGISTRAR'S NO.

PLACE OF DEATH

COUNTY Cochise

DISTRICT

TOWN OR CITY Bisbee NO. ST.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME J. Walter Easton

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR or RACE: White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH ____ (Month) ____ (Day) 19__ (Year)

AGE 36 yrs. ____ mos. ____ days. If less than 1 day, ____ hrs., or ____ min.

OCCUPATION
(a) Trade, profession or particular kind of work: Fireman & Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (State or country)

PARENTS

NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pt a Hospital Nurse

(Address)

PLACE OF BURIAL ~~OR REMOVAL~~: Bisbee

DATE OF BURIAL ~~OR REMOVAL~~: March 5 1913

UNDERTAKER: W. G. Hubbard

ADDRESS:

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20 1913
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 4th 1913 to Jan 20 1913; that I last saw him alive on Jan 20 1913 and that death occurred on the date stated above at 8:30 A.M. The DISEASE or INJURY causing Death was as follows: Pulmonary Tuberculosis

(Duration) ____ yrs. ____ mos. ____ days

Was disease contracted in Arizona? Yes

If not, where? ____

CONTRIBUTORY ____

(Duration) ____ yrs. ____ mos. ____ days

(Signed) N C Sheldon, M. D

Jan. 21, 1913 (Address)

*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death ____ yrs. ____ mos. ____ ds. In Arizona ____ yrs. ____ mos. ____ da.

Former or Usual Residence ____

Filed Feby 24 1913 C. H. Shumate, Local Registrar

Filed 3/20 1913 L. L. Miner, County Registrar.