

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSES

1. PLACE OF DEATH:

County Cochise State, ARIZONA Registered No. _____
 Township _____ or Village _____
 City Tombstone No. _____ 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. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

FULL NAME AM LUM

Residence: No. _____ (Usual place of abode) St., _____ Ward. _____
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex <u>F</u>	4. Color or Race <u>Chinese</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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5a. If married, widowed, or divorced
 Husband of _____
 (or) Wife of _____

6. Date of Birth (month, day, and year) _____

7. Age	Years <u>65</u>	Months <u>05</u>	Days	If Less than 1 day, hrs. or mins.
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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, sawmill, 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 and State or country): _____

MOTHER 13. Name: _____

14. Birthplace (city or town and State or country): _____

FATHER 15. Maiden Name: _____

16. Birthplace (city or town and State or country): _____

Informant (name and address): _____

18. Burial, Cremation, or removal:
 Place Tombstone Date _____, 193

19. Undertaker (name and address):
C. J. B. Tarbell

20. Filed _____, 193 County Recorder
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. Date of Death (month, day, and year) Dec. 16, 1906 193

22. I HEREBY CERTIFY, That I attended deceased from _____, 193, to _____, 193

I last saw h..... alive on _____, 193; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Failure Comp. Date of onset
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Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193

Where did injury occur? _____
 (Specify city or town, 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) John E. Bacon

(Address) _____