

**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

Ft. Huachuca, Ariz.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registrar's No. 118

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

(d) Length of Stay: In Hospital or Institution _____; In Community Home; In Arizona 5 yrs
(Specify whether years, months or days)

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

(d) Street No. 14 Mansfield Ave. Bisbee; (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME John T. Henry (b) If veteran name war _____ (c) Social Security No. 527-07-2864
(If NONE write the word)

4. Sex Male 5. Color or Race white 6. (a) Single, married, widowed or divorced married

6. (b) Name of husband Blanche Henry 6. (c) Age of husband or wife, if alive 30 yrs.

7. Birthdate of deceased Dec. 26 1889
(Month) (Day) (Year)

8. AGE: Years 51 Months 10 Days 28 If less than one day
hrs. _____ min. _____

9. Birthplace Amherst Mass.
(City, town or county) (State or Country)

10. Usual Occupation garbage disposal

11. Industry or Business plant

Father { 12. Name George Henry
13. Birthplace _____
(City, town or county) (State or Country)

Mother { 14. Maiden Name Abbie
15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature Records at
(b) Address Ft. Huachuca

17. (a) Burial, Cremation or Removal Burial
(b) Place Bisbee, Ariz. (c) Date Nov 27 1941

18. (a) Embalmer's Signature J. C. Hubbard
(b) Funeral Director James Allison 57-A
(c) Address Bisbee, Arizona

19. (a) Nov. 24, 1941
(Date received local Registrar)

(b) [Signature]
(Registrar's Signature) [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 24 1941;
TIME (Hour and minute) about 4.30 P.M. Sunday M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw h. last on Nov 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 [Signature]

Address Bisbee Ariz Date signed Nov. 27 1941

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.