

9707

MARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 39
Registered No. 20

1. PLACE OF DEATH
County Cochise State ARIZONA
Township Bisbee or Village _____
City Bisbee No. Corner Queen Hospital 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. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Homer David Foster How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
(a) Residence: Hereford, Arizona (If non-resident give city or town and state)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)		21. DATE OF DEATH (month, day, and year) <u>5/8</u> , 19 <u>40</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				I HEREBY CERTIFY, That I attended deceased from _____, 19 <u>40</u> , to <u>3-8</u> , 19 <u>40</u>	
6. DATE OF BIRTH (month, day, and year) <u>Mar. 8 1940</u>				I last saw <u>deceased</u> alive on <u>3-8</u> , 19 <u>40</u> ; death is said to have occurred on the date stated above, at <u>12:40</u> p.m.	
7. AGE <u>Stillborn</u>	Years _____	Months _____	Days _____	The principal cause of death and related causes of importance were as follows: <u>Asphyxia neonatorum</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			11. Total time (years) spent in this occupation _____		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			Other contributory causes of importance: _____		
10. Date deceased last worked at this occupation (month and year) _____			Name of operation _____ Date of _____		
12. BIRTHPLACE (city or town) (State or Country) <u>Bisbee Arizona</u>			What test confirmed diagnosis? _____ Was there an autopsy? _____		
13. NAME <u>Homer Angus Foster</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____		
14. BIRTHPLACE (city or town) (State or Country) <u>Ozla</u>			Where did injury occur? _____ (Specify city or town, county and State)		
15. MAIDEN NAME <u>Zula Mae Johnson</u>			Specify whether injury occurred in industry, in home, or in public place _____		
16. BIRTHPLACE (city or town) (State or Country) <u>Ozla</u>			Manner of injury _____		
17. INFORMANT (Address) <u>Homer A. Foster Hereford, Arizona</u>			Nature of injury _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Bisbee, Arizona</u> Date <u>5/8</u> , 19 <u>40</u>			24. Was disease or injury in any way related to occupation of deceased? _____		
19. EMBALMER License No. <u>822-A</u> Signature <u>J. C. Hubbard</u>			If so, specify _____		
FUNERAL DIRECTOR Signature <u>James Allison</u> 57-A Address <u>Bisbee, Arizona</u>			(Signed) <u>[Signature]</u> M. D.		
20. Filed <u>3-8</u> , 19 <u>40</u> Registrar <u>[Signature]</u>			(Address) <u>Bisbee, Ariz</u>		