

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Pima

BUREAU OF VITAL STATISTICS

State Index No. 420District Town TucsonOr City Tucson

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 1530Local Registrar's No. No. St Mary Hospital

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Edward Henry Wilkinson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

Color or Race

SINGLE

DATE OF DEATH

White Indian

~~MARRIED~~

Black Chinese

WIDOWED

Mexican

or ~~DIVORCED~~.Apr. 9th 1918
(Month) (Day) (Year)

DATE OF BIRTH

AGE

28 yrs. about mos. days hrs., or min.

OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE

(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER

(State or Country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

(State or Country)

PARENTS

The Above Is True to the Best of My Knowledge

(Informant)

(Address)

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL OR REMOVAL

UNDERTAKER

City Undertaking Co.,

ADDRESS

Tucson, ArizonaI hereby certify, that I attended deceased from April - 1 1918 to April - 9 - 1918; that I last saw him alive on April - 8 - 1918, and that death occurred on the date above at 2:30 a M. The DISEASE or INJURY causing

Death was as follows:

Pulmonary tuberculosis
(Duration) yrs. mos. days.Was disease contracted in Arizona? no.If not, where? Calif.

CONTRIBUTORY

(Duration) yrs. mos. days.

(Signed)

April - 9 - 1918 (Address) Tucson, Ar.

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death 2 yrs. X mos. X ds. In Arizona 2 yrs. X mos. X ds.Former or Usual Residence Oregon

Filed

4/9 1918 Meadelchne

Filed

5-10 1918 Edw J Gattley

Local Registrar

County Registrar