

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

Ft. Huachuca, Ariz.

State File No. \_\_\_\_\_

Registrar's No. 118

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

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 <u>Male</u>	5. Color or Race <u>white</u>	6. (a) Single, married, widowed <u>married</u>
6. (b) Name of husband <u>Blanche Henry</u>		6. (c) Age of husband or wife, if alive <u>30</u> yrs.
7. Birthdate of deceased <u>Dec. 26 1889</u> (Month) (Day) (Year)		
8. AGE: Years <u>51</u>	Months <u>10</u>	Days <u>28</u>
If less than one day hrs. _____ min. _____		
9. Birthplace <u>Amherst Mass.</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>garbage disposal</u>		
11. Industry or Business <u>plant</u>		
Father	12. Name <u>George Henry</u>	
	13. Birthplace _____ (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Abbie</u>	
	15. Birthplace _____ (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>Records at</u>		
(b) Address <u>Ft. Huachuca</u>		

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) Eam

**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.