

5 16

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Yuma
District Bouse
Town or City Bouse

BUREAU OF VITAL STATISTICS

State Index - - - No. 493
County Registrar's - No. _____
Local Registrar's - No. _____

ORIGINAL CERTIFICATE OF DEATH

No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME George Henry Stillman
(a) Residence. No. Bouse St. _____ Ward Arizona
(Usual place of abode) (If nonresident, give city and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
(Write the word)

16. DATE OF DEATH (month, day, and year) Jan 26 1926

6a. If married, widowed, or divorced
HUSBAND of Rosa Sator Stillman
(or) WIFE of

17. I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1926 to Jan 24 1926, that I last saw him alive on Jan 24 1926 and that death occurred, on the date stated above, at 7 A.M. The CAUSE OF DEATH* was as follows:
Influenza

6. DATE OF BIRTH (month, day and year)
7. AGE Years Months Days 4 IF LESS than 1 day...hrs. or...min.
55 Jan 27

CONTRIBUTORY (Secondary) Broncho-pneumonia
(duration) yrs. mos. 21 ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mining
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer Old Maid Mining Co
Rocksvill

18. Where was disease contracted (if not at place of death?)
Did an operation precede death? Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed M. A. J. Nettles M. D. 1-30 1926 (Address) Parker Ariz)

9. BIRTHPLACE (city or town) (State or country) Illinois

10. NAME OF FATHER William Stillman

11. BIRTHPLACE OF FATHER (city or town) (State or country) London England

12. MAIDEN NAME OF MOTHER Mathie Rothrop

13. BIRTHPLACE OF MOTHER (city or town) (State or country) St Louis Missouri

14. Informant (Address) Rosa L. Stillman

19. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL Jan 27 1926

15. Filed 74 1926 John Bellus Local Registrar.

20. UNDERTAKER None ADDRESS _____

Filed _____ 19 _____ County Registrar.
V. S. No. 1

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. See instructions on back of certificate.