899

RETURN OF A DEATH.

CITY OF

County of Pima.
Territory of Arizona.

TUCSON.

No. of Record. 2571

No. of Burial Permit.

NO INCOMPLETE RETURN WILL BE ACCEPTED.

No. 1. Name in full William Stone Kidd

2. Color
WHITE.
~~MEXICAN.~~
~~BLACK~~ (Negro or mixed).
~~INDIAN.~~
~~CHINESE.~~
~~JAPANESE.~~

3. Sex
MALE.
~~FEMALE.~~

4. Conjugal Condition
SINGLE.
~~MARRIED.~~
~~WIDOWED.~~
~~DIVORCED.~~

NOTE: For questions 2, 3 and 4, strike out words not appropriate.

5. Date of Death: Year 1905, Month Mar, Day 17

6. Date of Birth: Year 1871, Month unknown, Day "

Age: Years 33, Months unknown, Days "

8. Occupation Physician
(Return occupation for all persons 10 years of age and over).

9. Place of Birth Kentucky.
10. Birthplace of Father "
11. Birthplace of Mother "
(State or Country)

12. Disease or Cause of Death:
Chief Cause Pulmonary Tuberculosis
Contributing Cause Haemaphysis
Duration.
Place Where Disease Was Contracted, if any other than place of death

13. Place of Death: No. 175 S. Stone Ave Street 3rd Ward
If death occurred in an institution, give name of same
Length of time deceased was an inmate and previous residence

14. Late Residence Tucson, Ariz.
Length of Residence (in city) 3 months.

Undertaker The Reilly Undertaking Co.

Place of Interment Winchester, Ky.

Signature Mark S. Rodgers, M.D.
(Of physician or informant).

Date of Certificate 3/13/1905

FILL OUT WITH INK AND WRITE PLAINLY.