

2078

If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

Arizona Territorial Board of Health

County of Cima
District of Tucson
Town of _____
or
City of Tucson *About 20 miles south of*

BUREAU OF VITAL STATISTICS **447**
ORIGINAL CERTIFICATE OF DEATH
Ter. Index No. 175
County Registered No. 77

(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.")
FULL NAME Walter B. Purcell
(No. Tucson Arizona St., Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS	
LENGTH OF RESIDENCE	
At Place of Death	yrs <u>✓</u> mos.
In Arizona	<u>14</u> yrs mos.
SEX	COLOR OR RACE
<u>Male</u>	White <input checked="" type="checkbox"/> Chinese <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Mexican <input type="checkbox"/>
DATE OF BIRTH	AGE
<u>July</u> <u>4</u> <u>1868</u> (month) (day) (year)	<u>41</u> years <u>7</u> months <u>23</u> days
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	
BIRTHPLACE <u>Clinton Henry County Mo</u> (State or foreign country)	
OCCUPATION <u>Physician and Surgeon</u>	
NAME OF FATHER <u>W. B. Purcell Sr</u>	
BIRTHPLACE OF FATHER <u>Mo</u> (State or foreign country)	
MAIDEN NAME OF MOTHER <u>Mary A. F. Walden</u>	
BIRTHPLACE OF MOTHER <u>Virginia</u> (State or foreign country)	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
Informant) <u>W. B. Purcell</u> (Address) <u>Tucson Arizona</u>	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	
<u>Feb</u> <u>27</u> <u>1910</u> (month) (day) (year)	
I hereby certify, That I attended deceased from _____ 19__ to _____ 19__	
that I last saw him alive on _____ 19__	
and that death occurred on the date stated above at _____ M	
The DISEASE or INJURY causing DEATH was as follows;	
Where contracted _____ Duration _____	
Contributing cause (if any) <u>Accident by falling of automobile</u>	
Where contracted _____ Duration _____	
(Signed) <u>J. E. Duplow Coroner</u>	
Address <u>Tucson Arizona</u>	
SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.	
Former or Usual residence <u>Tucson Ariz</u>	How long at Place of Death _____ Days
Place of burial or removal <u>Holy Hope Cem.</u>	Date of burial or removal <u>3/2/10</u>
Undertaker	Address
<u>G. PARKER UNDERTAKING CO. 22 South 1st</u>	
Filed <u>Mar 1 1910</u>	<u>H. C. Cressler</u> Local Registrar
Filed <u>Mar 3 1910</u>	<u>W. V. Williams</u> Local Registrar