

4779

Health Department,

Pima County, Arizona.

(Outside Corporate Limits City of Tucson.)

RETURN OF A DEATH.

No. of Record.
466
<i>Removal</i>
No. of Marriage Permit.
160

NO INCOMPLETE RETURN WILL BE ACCEPTED.

No. 1. Name in full Jacob J. Nicolai ✓

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

3. Sex MALE.
 FEMALE

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

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

5. Date of Death { Year 1907 Month Jan Day 17

6. Date of Birth { Year 1880 Month Jan Day 8

7. Age { Years 27 Months 0 Days 9

8. Occupation Salesman
(Return occupation for all persons 10 years and over.)

9. Place of Birth Cincinnati, Ohio.

10. Name and Birthplace of Father Michael Nicolai - Germany

11. Name and Birthplace of Mother Maria S. Nicolai - Ohio

STATE OF COUNTRY

12. Disease or Cause of Death:

CHIEF CAUSE Pulmonary Tuberculosis

CONTRIBUTING CAUSE _____

DURATION 3 yrs

PLACE WHERE DISEASE WAS CONTRACTED if any other than place of death, _____

13. Place of Death: District or Town 4 Blocks North of University No. _____

If death occurred in an institution, give name of same _____

Length of time deceased was an inmate _____ and previous residence _____

14. Late Residence Tucson, Arizona.

LENGTH OF RESIDENCE (in County) 2 years

UNDERTAKER The Reilly Undertaking Co.

PLACE OF ENTERMENT Cincinnati Ohio

SIGNATURE A. Schuber M.D.
(Physician or informant.)

DATE OF CERTIFICATE Jan. 18th 1907.

FILL OUT WITH INK AND WRITE PLAINLY.