

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified if any item not be obtained insert the word "unknown." Make every effort possible to obtain this information. Incorrect certificates will be returned for correction.

Arizona Territorial Board of Health
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
COUNTY OF MARICOPA
DISTRICT OF PHOENIX
TOWN
OR CITY OF PHOENIX

ORIGINAL CERTIFICATE OF DEATH

TERRITORIAL INDEX NO. 171 772

COUNTY REGISTERED NO. 200

LOCAL REGISTRAR'S NO. 1781

no 7 Miles NE of Phoenix ST.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Mrs. M. McDonald

PERSONAL AND STATISTICAL PARTICULARS.

SEX <i>Female</i>	COLOR or RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican	SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED
DATE OF BIRTH <i>August 27 1830</i> (Month) (Day) (Year)	AGE <i>80</i> yrs. mos. days If less than 1 day hrs., or min.	
OCCUPATION (a) Trade, profession or particular kind of work. <i>Rancher</i> (b) General nature of industry, business, or establishment in which employed (or employer).		
BIRTHPLACE (State or country) <i>New York</i>		
PARENTS	NAME OF FATHER <i>Philip J. McDonald</i>	
	BIRTHPLACE OF FATHER (State or country) <i>N.Y.</i>	
	MAIDEN NAME OF MOTHER <i>Theresa Spencer</i>	
	BIRTHPLACE OF MOTHER (State or country) <i>N.Y.</i>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Mar. 15 1912*
(Month) (Day) (Year)

I hereby certify, that I attended deceased from *Jan 11 1912* to *Feb 15 1912*; that I last saw him alive on *Feb 15 1912* and that death occurred on the date stated above at *4:30 P.M.* The DISEASE or INJURY causing Death was as follows:
Cerebral Embolism

(Duration) yrs. mos. *33* days

Was disease contracted in Arizona? *Yes*

If not, where? _____

CONTRIBUTORY *Endocarditis*
(Duration) yrs. mos. days _____

(Signed) *E. Payne Palmer* M. D.
Feb 16 1912 (Address) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) *J. M. McDonald*
(Address) *P.O. Phoenix*

PLACE OF BURIAL OR REMOVAL *Greenwood* DATE OF BURIAL OR REMOVAL *March 16 1912*

UNDERTAKER *Merrymans* ADDRESS *Phoenix*

*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE
At place of death *5* yrs. mos. ds. In Arizona *6* yrs. mos. ds.

Former or Usual Residence *Texas*

Filed *Feb. 16 1912* *Wm. H. Sargent* Local Registrar.

Filed *4-10 1912* *H. H. Hughes* County Registrar.