

9093

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF DEATH

46940

PLACE OF DEATH
COUNTY Pima

DISTRICT _____
TOWN Tucson
OR CITY _____

TERRITORIAL INDEX NO. _____
COUNTY REGISTERED NO. 201

NO. St. Mary Hospital ST. LOCAL REGISTRAR'S NO. 201
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME John H. Behan

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

PERSONAL AND STATISTICAL PARTICULARS.

SEX <u>Male</u>	COLOR or RACE White Black Mexican	INDIAN Chinese	SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH <u>Dec</u> <u>X</u> <u>1845</u> (Month) (Day) (Year)			
AGE <u>67</u> yrs. <u>1</u> mos. <u>1</u> days If less than 1 day hrs., or min.			
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>Commissary Manager</u>			
BIRTHPLACE (State or country) <u>Mo. (Westport.)</u>			
PARENTS	NAME OF FATHER <u>Peter Behan</u>		
	BIRTHPLACE OF FATHER (State or country) <u>Ireland</u>		
	MAIDEN NAME OF MOTHER <u>Mary Harris</u>		
	BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Albert P. Behan</u> (Address) <u>Tucson, Arizona</u>			
PLACE OF BURIAL OR REMOVAL <u>Holy Hope Cemetery</u>		DATE OF BURIAL OR REMOVAL <u>6/8/1912</u>	
UNDERTAKER <u>City Undertaking Co.</u>		ADDRESS <u>Tucson, Arizona</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
June 7th 1912
(Month) (Day) (Year)

I hereby certify, that I attended deceased from April 30 1912 on June 6 1912; that I last saw him alive on June 6 1912 and that death occurred on the date stated above at 3:15 a M. The DISEASE or INJURY causing Death was as follows:
Arterio Sclerosis
(Duration) 5 yrs. 5 mos. 5 days

Was disease contracted in Arizona? Yes

If not, where? _____

CONTRIBUTORY Syphilis
(Duration) 30 yrs. 0 mos. 0 days

(Signed) A. Schuch M. D.
June 7, 1912 (Address) Tucson Ariz.

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

LENGTH OF RESIDENCE
At place of death 7 yrs. 2 mos. 26 ds. In Arizona 48 yrs. 0 mos. 0 ds.

Former or Usual Residence _____

Filed June 7 1912 H. E. Crossin Local Registrar
Filed June 30 1912 Geo. W. Johnson County Registrar.