602

ONLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classif
FILL OUT ALL BLANKS.
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

COUNTY OF MARICOPA

DISTRICT OF PHOENIX

TOWN

OR CITY OF PHOENIX

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH 232

TERRITORIAL INDEX NO. 850

COUNTY REGISTERED NO. 273

LOCAL REGISTRAR'S NO. 2532

NO. 1727 E. Adams. ST.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Theora Corrigan.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: female.

COLOR or RACE: White / Black / Mexican / Indian / Chinese: White

SINGLE / MARRIED / WIDOWED / or DIVORCED: married

DATE OF BIRTH: March 1, 1884 (Month) (Day) 19 (Year)

AGE: 32 yrs. 1 mos. days. If less than 1 day hrs., or min.

OCCUPATION
(a) Trade, profession or particular kind of work: at home.
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (State or country): Indiana.

PARENTS
NAME OF FATHER: Richard G. Steele
BIRTHPLACE OF FATHER (State or country): Indiana.
MAIDEN NAME OF MOTHER: Pottinger.
BIRTHPLACE OF MOTHER (State or country): Kentucky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John J. Corrigan,

(Address) Phoenix, Arizona.

PLACE OF BURIAL OR REMOVAL: Greenwood Cem

DATE OF BURIAL OR REMOVAL: 4/3/13 19

UNDERTAKER: Easterling & Whitney, Phoenix, Arizona.

ADDRESS:

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 31/13 (Month) (Day) 191 (Year)

I hereby certify, that I attended deceased from Oct 1905 to Mch 30th 1913; that I last saw he alive on Mch 30th 1913 and that death occurred on the date stated above at M. The DISEASE or INJURY causing Death was as follows:

Pulmonary Tuberculosis

(Duration) 10 yrs. mos. days.

Was disease contracted in Arizona? no

If not, where? Indiana

CONTRIBUTORY

(Duration) yrs. mos. days.

(Signed) E. Pierce Palmer, M. D.

4/2/13 191 (Address) Phoenix, Arizona.

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

LENGTH OF RESIDENCE

At place of death 2 yrs. 6 mos. ds. In Arizona 7 yrs. 6 mos. ds.

Former or Usual Residence Indiana.

Filed 4/1 191 [signature] Local Registrar

Filed 4-10 1913 [signature] County Registrar.