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PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County.....  
District.....  
Town.....  
Or City.....

BUREAU OF VITAL STATISTICS

State Index No. 87

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 260

Local Registrar's No. 5

No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME William Preston Mc. Ginty

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White Indian SINGLE  MARRIED  WIDOWED  or DIVORCED

DATE OF DEATH October 5 1914  
(Month) (Day) (Year)

DATE OF BIRTH December 28 1910  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from May 22 1912 to Sept 24 1914; that I last saw him alive on Sept 24 1914, and that death occurred on the date stated above at 8:40 P. M. The DISEASE or INJURY causing

AGE 43 yrs. 9 mos. 12 days If less than 1 day \_\_\_\_\_ hrs., or \_\_\_\_\_ min.

Death was as follows: Ulcer of Stomach

OCCUPATION (a) Trade, profession or particular kind of work Carpenter  
(b) General nature of industry, business, or establishment in which employed or (employer) \_\_\_\_\_

(Duration) 2 yrs. 8 mos. 12 days

BIRTHPLACE (State or country) Texas

Was disease contracted in Arizona? No

NAME OF FATHER William Mc. Ginty

If not, where? Texas

BIRTHPLACE OF FATHER (State or country) Don't know

CONTRIBUTORY Operative  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

MAIDEN NAME OF MOTHER Maggie Nancy Davidson

(Signed) J. A. Briley M.D.  
Oct 15 1914 (Address) Duncan Ariz.

BIRTHPLACE OF MOTHER (State or country) Don't know

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE At place of death 2 yrs. 6 mos. 6 ds. In Arizona 2 yrs. 6 mos. 6 ds.

(Informant) Mary Mc. Ginty

Former or Usual Residence Texas

(Address) Duncan Ariz.

PLACE OF BURIAL OR REMOVAL Duncan Ariz. DATE OF BURIAL OR REMOVAL Oct 6 1914

Filed Oct 15 1914 John Evans Local Registrar

UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

Filed NOV 17 1914 L. W. EURTCH M.D. County Registrar

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.