

642

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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Cochise
District Sulphur Springs Valley
Town Douglas
Or City

BUREAU OF VITAL STATISTICS

State Index No. 33

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 3

Local Registrar's No. 3

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

FULL NAME A. E. Quinn

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White SINGLE MARRIED
Black Indian WIDOWED
Chinese or DIVORCED
Mexican

DATE OF DEATH January 22nd 1915
(Month) (Day) (Year)

DATE OF BIRTH November 19th 1850
(Month) (Day) (Year)

I hereby certify, that I attended deceased from January
1915 to Jan. 22, 1915; that I last saw him alive

AGE 64 yrs 2 mos 3 days If less than 1 day.....
hrs., or..... min.

on Jan 22 1915, and that death occurred on the date
stated above at 4:30 P.M. The DISEASE or INJURY causing

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

Death was as follows:
Acute bilious abscess

BIRTHPLACE (State or country) Canada

(Duration) 2 yrs, 1 mos, ? days

NAME OF FATHER John Quinn

Was disease contracted in Arizona? no
If not, where? no

BIRTHPLACE OF FATHER (State or country) Canada

CONTRIBUTORY Bronchial Pneumonia
(Duration) ? yrs..... mos..... days

MAIDEN NAME OF MOTHER Sarah Perault

(Signed) W. T. ...
1/23 1915 (Address) Douglas Ariz

BIRTHPLACE OF MOTHER (State or country) Canada

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John M. Neil

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

(Address) Douglas Ariz

LENGTH OF RESIDENCE (None) Unknown
At place of death... yrs... mos... ds. In Arizona... yrs... mos... ds.

PLACE OF BURIAL OR REMOVAL Douglas DATE OF BURIAL OR REMOVAL Jan 23rd 1915

Former or Usual Residence Unknown
Filed 1/23 1915 W. T. ... Local Registrar

UNDERTAKER A. D. ... ADDRESS Douglas

Filed 1/23 1915 W. T. ... County Registrar

By W.P.