[redacted]

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 308
County Registered No.
Local Registrar's No.

PLACE OF DEATH
County Pima
District
Town Or City Tucson

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

FULL NAME Ernest John O'Daugherty

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White, Indian, ~~Black~~, Chinese, ~~Mexican~~

SINGLE, ~~MARRIED~~, ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH: Feb 16 19 (Month) (Day) (Year)

AGE: 31 yrs. mos. days hrs., or min. If less than 1 day

OCCUPATION
(a) Trade, profession or particular kind of work: U.S. Mail Carrier
(b) General nature of industry, business, or establishment in which employed or (employer): At Helvitia

BIRTHPLACE (State or Country): Ireland

PARENTS
NAME OF FATHER: John O'Daugherty
BIRTHPLACE OF FATHER (State or Country): Ireland
MAIDEN NAME OF MOTHER: Unknown
BIRTHPLACE OF MOTHER (State or country): "

The Above is True to the Best of My Knowledge
(Informant) Mrs E. G. Bourn
(Address) Helvitia Ariz

PLACE OF BURIAL OR REMOVAL: Evergreen
DATE OF BURIAL OR REMOVAL: Dec 29 1919
UNDERTAKER: E. C. Parker
ADDRESS: Tucson Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 28, 1919 (Month (Day) (Year)

I hereby certify that I attended deceased from 12-21 1919 to 12-21 1919; that I last saw him alive on 12-21 1919 and that death occurred on the date stated above at 7:15 A.M. The DISEASE or INJURY causing death was as follows: Pulmonary Tuberculosis

(Duration)) 6 yrs. mos days

Was disease contracted in Arizona? No
If not, where? San Francisco Cal

CONTRIBUTORY
(Duration) yrs. mos. days

(Signed) Meade Clyne
12/28 1919 (Address) Tucson Ariz

In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE
At place of death yrs. mos. ds. In Ariz. yrs. mos. ds.

Former or Usual Residence

Filed 12-28 1919 Meade Clyne
Local Registrar

Filed 1 0 1921 19 [illegible]
County Registrar