2071

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
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

454

State Index - - No.
County Registrar's No. 119
Local Registrar's - No.

PLACE OF DEATH
County: Yavapai
District: Prescott
Town Or City: Prescott

No. West Prescott St.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME: Charles McCarthy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

SINGLE, X MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: June 29, 1873 (Month) (Day) 192 (Year)

AGE: 49 yrs. mos. days | If less than 1 day hrs., or min.

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

BIRTHPLACE (State or Country): Mass.

PARENTS
NAME OF FATHER: John McCarthy
BIRTHPLACE OF FATHER (State or Country): Ireland
MAIDEN NAME OF MOTHER: Catherine O'Shea
BIRTHPLACE OF MOTHER (State or Country): Ireland

The Above is True to the Best of My Knowledge.
(Informant): Mrs. Charles McCarthy,
(Address): Madison, Wis.

PLACE OF BURIAL OR REMOVAL: Madison, Wisconsin
DATE OF BURIAL OR REMOVAL: Mar. 28, 1921.

UNDERTAKER: Lester Ruffner
ADDRESS: Prescott, Arizona.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 26, 1921. (Month) (Day) 192 (Year)

I hereby certify that I attended deceased from Mch 14 1921, to Mch 26 1921; that I last saw him alive on Mch 26 1921, and that death occurred on the date stated above at 4 P M. The DISEASE or INJURY causing death was as follows: Diffuse peritonitis following perforating duodenal ulcer

(Duration) yrs. mos. days 36 Hr

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY: Pulmonary Tuberculosis

(Duration) 1 yrs. mos. days

(Signed) John W. Flynn M.D.

April 4 1921 (Address) Prescott, Ariz.

*If 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. 1 ds. In Ariz. — yrs. — mos. 1 ds.

Former or Usual Residence: Wisconsin

Filed Apr. 4, 1921 — Local Registrar

Filed 4/7 1921 — John W. Flynn — County Registrar.