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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - No.
County Registrar's No. 3063
Local Registrar's - No.

PLACE OF DEATH

1. County: Pima
District:
Town or City: Tucson No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: William A. Findlay

(a) Residence. No. Drachman & Main St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 COLOR or RACE	5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Addie M. Findlay

6. DATE OF BIRTH (month, day and year) unknown

7. AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
about 47			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (city or town) (State or country): unknown
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14. Informant: Addie M. Findlay
(Address): Tucson, Arizona

15. Filed Apr. 4, 1922 A. G. Schuster Registrar
V. S. No. 1 APR 1 1922

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Mar. 2 1922

17. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1922 to Mar. 31, 1922 that I last saw him alive on Mar. 31, 1922 and that death occurred, on the date stated above, at 12:30 p.m.
The CAUSE OF DEATH* was as follows:
Carcinomatosis of liver
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Alice A. Hoff M. D.
19 (Address)

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~	DATE OF BURIAL
Evergreen Cemetery	Apr. 4 1922.
20. UNDERTAKER	**ADDRESS**
City Undertaking Co.	Tucson, Arizona