

MARGIN RESERVED FOR BINDING
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.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County <u>Rockie</u>	BUREAU OF VITAL STATISTICS	State Index - - - No. <u>38</u>	
District <u>Phoenix</u>	ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. <u>712</u>	
Town or City <u>Tempe</u>	No. _____	Local Registrar's - No. _____	Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)			
2. FULL NAME <u>John Twomey</u>			
(a) Residence. No. <u>O.K. St.</u> St. _____ Ward _____			
(Usual place of abode) (If nonresident, give city or town and State)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
2. SEX <u>male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Married</u>	
(Write the word)			
5a. If married, widowed, or divorced HUSBAND of <u>Mrs. Minnie Twomey</u> (or) WIFE of _____			
6. DATE OF BIRTH (month, day and year) <u>1878</u>			
7. AGE	Years <u>46</u>	Months _____	Days _____
		IF LESS than 1 day hrs. or min.	
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>None</u>			
(b) General nature of industry, business or establishment in which employed (or employer) _____			
(c) Name of employer _____			
9. BIRTHPLACE (city or town) <u>San Bernardino</u> (State or country) <u>California</u>			
10. NAME OF FATHER <u>Dennis Twomey</u>			
11. BIRTHPLACE OF FATHER (city or town) <u>Ireland</u> (State or country) _____			
12. MAIDEN NAME OF MOTHER <u>Mary O'Brien</u>			
13. BIRTHPLACE OF MOTHER (city or town) <u>Irish</u> (State or country) <u>Ireland</u>			
14. Informant (Address) <u>John Hampton</u> <u>Bisbee Arizona</u>			
15. Filed <u>July 16 1924</u> <u>W.D. Myer</u> Local Registrar.			
Filed <u>Aug 1 1924</u> <u>R.B. Dwyer</u> County Registrar.			
V. S. No. 1			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>June 12, 1924</u>			
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at <u>10:45 AM</u> The CAUSE OF DEATH* was as follows: <u>Cardiac Insufficiency</u>			
(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? <u>No</u> Date of _____			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? _____			
(Signed) <u>John Hampton</u> <u>Justin J. Ross</u> June 15, 1924 (Address) <u>Bisbee Arizona</u>			
* 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 <u>Bisbee, Ariz.</u>		DATE OF BURIAL <u>June 15, 1924</u>	
20. UNDERTAKER <u>McMurray Und. Co.</u>		ADDRESS <u>Bisbee Ariz</u>	