

2599

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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index - - - - No. 381
County Registrar's - - No. _____
Local Registrar's - - - No. 21

ORIGINAL CERTIFICATE OF DEATH

1. County Pima District _____
Town or City Agua No. _____ (If death occurred in a hospital or institution, give its NAME instead of street number).
2. FULL NAME Henry W. Brady St. _____ Ward _____
(a) Residence No. _____ (Usual place of abode) St. _____ Ward _____
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				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>M</u>	4. COLOR or RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>Married</u>		16. DATE OF DEATH (month, day, and year) <u>May 19 1925</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Catherine Pweeney</u> (or) WIFE of _____				17. I HEREBY CERTIFY, That I attended deceased from <u>May 16 1925</u> to <u>May 19 1925</u> that I last saw him alive on <u>May 18 1925</u> and that death occurred, on the date stated above, at <u>8 A. M.</u> THE CAUSE OF DEATH was as follows: <u>Angina Pectoris</u>			
6. DATE OF BIRTH (month, day and year):	7. AGE <u>58</u> years	Months	Days	CONTRIBUTORY (duration) <u>12</u> yrs. mos. ds. <u>Labor Pneumonia</u> (Secondary) (duration) yrs. mos. ds. <u>3</u>			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Carpenter</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer _____				Where was disease contracted if not at place of death? _____ Was there an autopsy? _____ What test confirmed diagnosis? <u>W. P. Combs</u> M. D. (Signed) _____ 19 _____ (Address) <u>Agua, Ariz.</u>			
9. BIRTHPLACE (city or town) <u>Lucas</u> (State or country) <u>Ariz.</u>				* State the Disease Causing Death, or its deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
10. NAME OF FATHER <u>Peter P. Brady</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Agua</u>			
11. BIRTHPLACE OF FATHER <u>Washington D.C.</u> (State or country) _____				DATE OF BURIAL <u>May 21 1925</u>			
12. MAIDEN NAME OF MOTHER <u>Lucretia Mendello</u>				20. UNDERTAKER <u>Family</u>			
13. BIRTHPLACE OF MOTHER <u>Mexico</u> (State or country) _____				ADDRESS _____			
14. Informant (Address) _____							
15. Filed <u>May 21 1925</u> <u>John S. Wood</u> Local Registrar.							
Filed _____, 19 _____ V. S. No. 1 _____ County Registrar.							