9852

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 394
County Registrar's - No.
Local Registrar's - No. 150

MARGIN RESERVED FOR BINDING

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

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

2. FULL NAME Thomas A. McCann

(a) Residence. No. minneapolis minn St., ... Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred none yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR or RACE white
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) married

5a. If married, widowed, or divorced
HUSBAND of Elizabeth McCann
(or) WIFE of
6. DATE OF BIRTH (month, day and year) March 26 - 1886

7. AGE 39 Years 6 Months 24 Days IF LESS than 1 day ..... hrs. or ..... min.

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

9. BIRTHPLACE (city or town) New York
(State or country)

PARENTS

10. NAME OF FATHER Daniel McCann
11. BIRTHPLACE OF FATHER Ireland (city or town)
(State or country)
12. MAIDEN NAME OF MOTHER Mary Sheehan
13. BIRTHPLACE OF MOTHER Albany (city or town) N.Y.
(State or country)

14. Informant O. Johnson
(Address)

15. Filed Oct 20, 1925 Mary A. McDonnan Local Registrar.

Filed ....., 19 ..... County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) October 20 1925

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 3:00 a.m.
The CAUSE OF DEATH* was as follows:
acute dilatation of heart

(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? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) H. D. Ketcherside, M. D.
Oct 20 1925 (Address) Yuma, Ariz

* 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 minneapolis minn
DATE OF BURIAL 10/20 1925

20. UNDERTAKER O. Johnson
ADDRESS Yuma Ariz