

400022

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.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Cochise State _____
District or Township Douglas or Village _____
City Douglas No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number).
2. FULL NAME Mrs Margaret E. Donahoe
(a) Residence No. 633-15th Douglas St., _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female
4. COLOR or RACE White
5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) Married
5a. If married, widowed, or divorced HUSBAND of Michael John Donahoe (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) _____
7. AGE Years Months Days IF LESS than 1 day hrs. or min. About 64
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer) _____
(c) Name of employer _____
9. BIRTHPLACE (city or town) New Albany (State or country) Indiana
10. NAME OF FATHER Geo L Ellis
11. BIRTHPLACE OF FATHER _____ (city or town) _____ (State or country) Not known
12. MAIDEN NAME OF MOTHER _____
13. BIRTHPLACE OF MOTHER _____ (city or town) _____ (State or country) _____
14. Informant John Donahoe (Address) Douglas Ariz
15. Filed 6/6, 1927 Shirley Registrar

MEDICAL CERTIFICATE OF DEATH 6/5/27
16. DATE OF DEATH (month, day, and year) 6/5/27 1927
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ that I last saw her alive on 4/4/27, 19____ and that death occurred, on the date stated above, at 6:30 a.m. The CAUSE OF DEATH* was as follows:
Acquia Pectoris
(duration) _____ yrs. mos. ds.
CONTRIBUTORY Has had attacks several times (Secondary) in past year (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? Smear
(Signed) J. H. ... M. D. 6/5/27 (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 Douglas Ariz DATE OF BURIAL 6/9/27
20. UNDERTAKER Porter Thomas Douglas ADDRESS _____