

1082

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

1. PLACE OF DEATH
County: Pinal State: Arizona
District or Township: Florence or Village:
City: Florence No. Pinal Co Hospital
2. FULL NAME: Timothy M. Sullivan
(a) Residence, No. Florence
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: male
4. COLOR or RACE: white
5. SINGLE, MARRIED, WIDOWED or DIVORCED: married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Sullivan
6. DATE OF BIRTH (month, day and year): 12 Jan 1872
7. AGE: 56
8. OCCUPATION OF DECEASED: farmer
9. BIRTHPLACE (city or town) (State or country): Castleton Berks Haven Ireland
10. NAME OF FATHER: Michael Sullivan
11. BIRTHPLACE OF FATHER (State or country) (city or town): Ireland Castleton
12. MAIDEN NAME OF MOTHER: Mary Murphy
13. BIRTHPLACE OF MOTHER (State or country) (city or town): Ireland Castleton
14. Informant: Mrs Sullivan (Address) Florence Arizona
15. Filed: Jan 17 1928 Registrar: [Signature]

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (month, day, and year): Jan 13 1928
17. I HEREBY CERTIFY, that I attended deceased from Jan 5 1928 to Jan 13 1928 that I last saw him alive on Jan 13 1928 and that death occurred, on the date stated above, at 2 P m. The CAUSE OF DEATH* was as follows: Tubercular Meningitis
CONTRIBUTORS (Secondary): Pulmonary TB
18. Where was disease contracted if not at place of death?
19. PLACE OF BURIAL, CREMATION OR REMOVAL: Florence Ariz DATE OF BURIAL: Jan 15 1928
20. UNDERTAKER: D. O. Martin ADDRESS: Florence

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.