

692

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Yavapai
District Safford
Town or City Pima

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 127
County Registrar's - No. _____
Local Registrar's - No. 137

No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME George B. Malloy

(a) Residence. No. _____ St. _____ Ward Arizona
(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (month, day, and year) Dec 13 1928

5a. If married, widowed, or divorced
HUSBAND of Alice Mabel Malloy
(or) WIFE of _____

17. I HEREBY CERTIFY, That I attended deceased from about Dec 5 1928 to Dec 13 1928, that I last saw him alive on Dec 12 1928, and that death occurred, on the date stated above, at 6:20 a. m. The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

6. DATE OF BIRTH (month, day and year) June 2 - 1889
7. AGE Years Months Days IF LESS than 1 day hrs. or min.
39 6 11

probably 1 year (duration) yrs. mos. ds.
CONTRIBUTORY Asthma & Infuenza (Secondary)

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

(duration) yrs. mos. ds.
Where disease contracted Arizona
not at place of death? Arizona
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? Re: Hyden, M. D.
(Signed) 12/14 1928 (Address)

9. BIRTHPLACE (city or town) Covington Ky
(State or country)

10. NAME OF FATHER Marrison D. Malloy

11. BIRTHPLACE OF FATHER Covington Ky
(State or country)

12. MAIDEN NAME OF MOTHER Adeline Bryan

13. BIRTHPLACE OF MOTHER Ky
(State or country) (city or town)

14. Informant Alice Malloy
(Address)

15. Filed Jan 8, 1929 J. W. Statten
K. B. J. Local Registrar.

* 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.)

Filed _____, 19 _____
V. S. No. 1 _____ County Registrar.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Pima Cemetery DATE OF BURIAL 12/16 1928

20. UNDERTAKER Alice Malloy ADDRESS Pima, Ariz.

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.