1263

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.

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

State File No. 551

Local Registrar's No. 34

1. PLACE OF DEATH

County Yuma State Arizona

District or Township Yuma or Village or

City Yuma No. Yuma General Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Joseph Edmund Keane

(a) Residence, No. 3rd Ave & 11th 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 35 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): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: march 31-1854

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 78 Months 11 Days 28 IF LESS than 1 day hrs. or min.

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): Retired

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Pittsburgh Pa

PARENTS

10. NAME OF FATHER: Henry T. Keane

11. BIRTHPLACE OF FATHER (city or town) (State or country): Louisville Ky

12. MAIDEN NAME OF MOTHER: Jane Bishop

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Syracuse N.Y.

14. Informant: C. Johnson

(Address): Yuma Ariz

15. Filed Mar. 1, 1930 Mary A. Hubbard Local Registrar.

I 33710

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February 27 1930 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from February 1, 1930 to February 27, 1930 that I last saw him alive on February 27, 1930 and that death occurred, on the date stated above, at 11:30 P.M. The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 3 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? Clinical findings

(Signed) John W. Stacy, M. D.

3/1 1930 (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: Yuma Cemetery

DATE OF BURIAL: 3/1-30

20. UNDERTAKER: C. J. Johnson

ADDRESS: Yuma Ariz