2567

MARGIN RESERVED FOR BINDING

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. 55

1. PLACE OF DEATH

County Cochise State Arizona Registered No.

Township Douglas or Village or

City Douglas No. St., Ward

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

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.

2. FULL NAME Timothy J Hickey #2497880 Private Supply Co 72nd Art CACAEF 2nd Co 1st Bn 151 DB

(a) Residence: No. Lennox Hotel, Douglas, Arizona Ward.

(Usual place of abode) (If nonresident give city or town and State)

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 (or) WIFE of Name not given on discharge papers

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years About 52 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Honorable discharged

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U S Soldier

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dublin Ireland

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Hononorable Discharge US Army found on his persontime death

18. BURIAL, CREMATION, OR REMOVAL Place 4-30 filed, relatives of burial placed (not located Date, 19

19. UNDERTAKER (Address) Porter & Ames Douglas, Arizona

20. Filed 4/30, 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-30-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/30, 1931, to 4/30, 1931

I last saw him alive on ins (During afternoon 19 ; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Alcoholism	2 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Chronic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Douglas, Ariz