

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE MAINLY, 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	
1. PLACE OF DEATH		County <u>Maricopa</u>		State <u>Arizona</u>		State File No. <u>1258</u>	
Township		City <u>Phoenix</u>		or Village		Registered No. <u>11</u>	
Length of residence in city or town where death occurred		6 yrs.		How long in U. S. if of foreign birth?		yrs. mos. ds.	
2. FULL NAME <u>James McHugh</u>				(a) Residence: No. <u>53 North Country Club Drive</u> Ward			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>11-14-1931</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 12, 1931</u> , to <u>Nov. 14, 1931</u> , 19	
5a. If <del>single</del> widowed, or divorced, HUSBAND of <u>MARY ANN</u> (or) WIFE of <u>Mary Ann McHugh</u>		6. DATE OF BIRTH (month, day, and year) <u>6-4-1853</u>		I last saw him alive on <u>Nov. 14, 1931</u> , death is said to have occurred on the date stated above, at <u>12:30-A. M.</u>		The principal cause of death and related causes of importance were as follows:	
7. AGE	Years <u>78</u>	Months	Days	If LESS than 1 day, hrs. or min.	Date of Onset		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mining</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (year) spent in this occupation		<u>Chronic Myocarditis</u>	
12. BIRTHPLACE (city or town) (state or country) <u>Ireland</u>		13. NAME <u>Stephen McHugh</u>		Name of operation <u>Plumbers</u> Date of <u>recd</u>		What test confirmed diagnosis? <u>Plumbers</u> Was there an autopsy? <u>yes</u>	
14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>		15. MAIDEN NAME <u>Mary Gary</u>		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)	
16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>		17. INFORMANT <u>Mrs. Frank E. Soles</u> (Address) <u>53 N. Country Club Drive</u>		Specify whether injury occurred in industry, in home, or in public place.		Manner of injury	
18. <del>PLACE OF BIRTH</del> REMOVAL Place <u>Bisbee, Ariz.</u> Date <u>11-17, 1931</u>		19. UNDERTAKER <u>J. T. Whitney</u> (Address) <u>Phoenix, Arizona</u>		24. Was disease or injury in any way related to occupation of deceased?		Nature of injury	
20. Filed <u>11-17, 1931</u>		Registrar. <u>McKenny</u>		If so, specify (Signed) <u>Chas. A. Bell</u> M. D. (Address)			