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Dr. V. E. Dunn

N. B.—WRITE [illegible]NLY, WITH UNFADING INK—THIS IS A PERMANENT [illegible]ECORD. Every item of in[illegible]mation should be carefully supplied. AGE should be [illegible]ated 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.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 310

Registered No.

1. PLACE OF DEATH

County Pima State Arizona

Township Tucson or Village

City Tucson, 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 26 yrs. mos. ds. How long in U. S. if of foreign birth? 56 yrs. mos. ds.

2. FULL NAME Agnes Mary McHenry

(a) Residence: No. R.F.D. #1 Ft. Lowell Rd. St. Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: John McHenry

6. DATE OF BIRTH (month, day, and year): Mar. 4, 1846

7. AGE: Years 86 Months 2 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

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

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): Canada

FATHER

13. NAME: Wellington Frizzell

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Agnes Hamilton

16. BIRTHPLACE (city or town) (State or country): Canada.

17. INFORMANT: A. J. Menard (Address): Tucson Ariz

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place: Masonic Cemetery Date: May 17, 1932

19. UNDERTAKER: Kelly Undertaking Co. (Address): Tucson, Ariz.

20. Filed: May 19, 1932 Lewis A. Howard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/14, 1932, to 5/15, 1932

I last saw h[illegible] alive on 5/14, 1932 death is said to have occurred on the date stated above, at 1 a. m.

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

	Date of Onset
Apoplexy	
Sclerosis	

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) [illegible], M. D.

(Address)

25M 5-1-31 MS-42289