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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. PHYSICIAN 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. 327

Registered No.

1. PLACE OF DEATH
County Pima State Arizona
Township 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 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eva J. Flynn
(a) Residence: No. 2210 C Hawthorne 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) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles B. Flynn
6. DATE OF BIRTH (month, day, and year) Nov. 20-1894
7. AGE Years 37 Months 6 Days ✓ If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. before sickness
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)

FATHER
13. NAME Oscar J. Moore
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT C B Flynn
(Address) Mesa Arizona
18. BURIAL, CREMATION, OR REMOVAL
Place Phoenix Ariz. Date May 23, 1932.
19. UNDERTAKER Arizona Mortuary Inc
(Address) Tucson Arizona
20. Filed May 23, 1932 Lewis H. Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 20, 1932
22. I HEREBY CERTIFY, That I attended deceased from February 8, 1932 to May 20, 1932
I last saw her alive on May 20, 1932 death is said to have occurred on the date stated above, at 3:45 A. m.

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

	Date of Onset ?
Pulmonary Tuberculosis	
23	
Other contributory causes of importance:	
Empyema	5-6-32

Name of operation none Date of —
What test confirmed diagnosis? Bacteriology Was there an autopsy? yes
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? no.
If so, specify —
(Signed) D. J. Hill, M. D.
(Address) Desert Sanatorium

25M 5-1-31 M8-43289