8729

MARGIN RESERVED FOR BINDING

N. B.—WRITE INLY, 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. 118

Registered No. 595

23

1. PLACE OF DEATH

County Maricopa State Arizona

Township or Village Ward

City Phoenix (If death occurred in a hospital or institution, give its NAME instead of street and number) St. Lukes Home No. St.

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

How long in state when death occured? 5 yrs. mos. ds.

2. FULL NAME Sarah Elizabeth O'Connor

(a) Residence: No. St. Lukes Home St., Ward. (If nonresident give city or town and State)

(Usual place of abode)

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 — (or) WIFE of W. L. O'Connor

6. DATE OF BIRTH (month, day, and year) July 21-1898

7. AGE: Years 34; 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. 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) New York

FATHER

13. NAME Michael McPeak

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget McIntyre

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT W. L. O'Connor (Address) St. Lukes Home

18. BURIAL, CREMATION, OR REMOVAL May 12.1933 Place St. Francis Cemetery Date, 19

19. UNDERTAKER J. T. Whitney (Address) Phoenix, Arizona

20. Filed 5-12-, 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1927, 19, to May 8, 19 33

I last saw her alive on May 8, 19 33 death is said to have occurred on the date stated above, at 9:20 m. A. M.

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

	Date of Onset
Tuberculosis of the lungs	1926 7 y
Other contributory causes of importance:	

Name of operation X-rays & Clinical Exams. 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? no 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) [signature], M. D.

(Address) Phoenix, Arizona

25M 5-1-31 MS-43289