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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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Maricopa State ARIZONA State File No. 174
 Township _____ or Village _____ Registered No. 914
 City Phoenix No. Buckeye Rd. & Lat. 14 St. _____ or 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 45 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Bridget Hughes How long in State when death occurred? 45 yrs. _____ mos. _____ ds.
 (a) Residence: No. Buckeye Rd. & Lat. 14 St. _____ Ward _____ (If non-resident give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>7/13, 1933</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>7-13, 1933</u> to _____, 19____. I last saw her alive on <u>7-13, 1933</u> ; death is said to have occurred on the date stated above, at <u>3:30 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Angina Pectoris</u> Date of Onset <u>7-3</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Wm. P. Hughes</u>			6. DATE OF BIRTH (month, day, and year) <u>June 22, 1855</u>	Other contributory causes of importance: <u>Arteriosclerosis</u>	
7. AGE <u>78</u> Years Months Days If LESS than 1 day, _____ hrs. or _____ min.		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>			Name of operation <u>no</u> 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) <u>E. J. Palmer</u> , M. D. (Address) <u>611 Professional Bldg</u>
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) <u>Pottsdam N. Y.</u>	
13. NAME <u>Stephen Horan</u>		14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>			
15. MAIDEN NAME <u>Elizabeth Early</u>		16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>			
17. INFORMANT <u>Wm. P. Hughes</u> (Address) <u>Phoenix, Arizona</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Francis Cem.</u> Date <u>7/15, 1933</u>			
19. UNDERTAKER <u>J. T. Whitney</u> (Address) <u>Phoenix, Arizona</u>		20. Filed <u>7-18, 1933</u> <u>Ch. Shoenberger</u> registrar			

20M 4-19-33 MS 4B294 Form 3 Back of Certificate to be used for any Additional Information