

1504

Dr. Kennedy

MARGIN RESERVED FOR BINDING

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. 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..... Gila State..... ARIZONA
 Township..... or Village.....
 City..... Globe No. Gila General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number) Ward.....
 Length of residence in city or town where death occurred 25 yrs..... mos..... ds. How long in U. S. if of foreign birth? yrs..... mos..... ds.

2. FULL NAME Patrick Henry McGuire How long in State when death occurred? 25 yrs..... mos..... ds.
 (a) Residence: No. Globe Arizona St., Ward.....
(Usual place of abode)
(If non-resident give city, town and State)

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>Divorced</u>		21. DATE OF DEATH (month, day, and year) <u>9/9/34</u> , 19.....	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY That I attended deceased from <u>9/11/34</u> to <u>9/9/34</u> , 19.....	
6. DATE OF BIRTH (month, day, and year) <u>4-27-1854</u>				I last saw him alive on <u>9/9/34</u> ; death is said to have occurred on the date stated above, at <u>7:00 A.M.</u>	
7. AGE	Years <u>80</u>	Months <u>4</u>	Days <u>13</u>	The principal cause of death and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Court Baliff</u>				<u>Myocarditis</u> <u>Arterio sclerosis</u> <u>Angina Pectoris</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Telegraph Operator</u>					
10. Date deceased last worked at this occupation (month and year)				Other contributory causes of importance:	
11. Total time (years) spent in this occupation				<u>Angina Pectoris</u>	
12. BIRTHPLACE (city or town) (state or country) <u>Columbus, Ohio</u>				Name of operation..... Date of.....	
13. NAME <u>?</u>				What test confirmed diagnosis?..... Was there an autopsy?.....	
14. BIRTHPLACE (city or town) (State or country) <u>?</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....	
15. MAIDEN NAME <u>?</u>				Where did injury occur?..... (Specify city or town, county and State)	
16. BIRTHPLACE (city or town) (State or country) <u>?</u>				Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT <u>Masonic Lodge</u> (Address) <u>Globe, Arizona</u>				Manner of injury.....	
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Globe Masonic Cemet</u> Date <u>9/13/34</u>				Nature of injury.....	
19. UNDERTAKER <u>Fred H. Jones</u> (Address) <u>Globe, Arizona</u>				24. Was disease or injury in any way related to occupation of deceased?.....	
20. Filed <u>Sept 27 1934</u> <u>W. Wood</u> Registrar				If so, specify <u>Myocarditis</u> (Signed) <u>Globe</u> M. D. (Address).....	

20M 4-19-33 MB 48294 Form 3 Back of Certificate to be used for any Additional Information