2018

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

State File No. 121

State ARIZONA Registered No. 1083

1. PLACE OF DEATH

County Maricopa

Township ..... or Village ..... or

City Phoenix No. St. Joseph's Hospital 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 1 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Bernard Flynn How long in State when death occurred? 16 yrs. ..... mos. ..... ds.

(a) Residence: No. Phoenix, Arizona St., ... Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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 Tessie Louise Flynn

6. DATE OF BIRTH (month, day, and year) April, 13, 1874

7. AGE: 60 Years, 5 Months, 19 Days. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt. States Tel. and Tel. Co.

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) Columbus Nebraska

FATHER

13. NAME Thomas Flynn

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

MOTHER

15. MAIDEN NAME Mary ?

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

17. INFORMANT Mrs. Chas. B. Flynn (Address) Phoenix, Arizona

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Oct. 4th. 1934 Place St. Francis Cemetery Date ....., 19....

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

20. Filed 10-8-, 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 33, 1933 to Oct 2, 1934 I last saw him alive on Oct 2, 1934; death is said to have occurred on the date stated above, at 12:50 p.m. A. M.

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

	Date of Onset
Chronic Myocarditis	yrs
Chr. Nephritis	1 yr

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

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) [illegible], M. D.

(Address) [illegible]

10M—3-21-33 MS-50301—FORM 3

Back of Certificate to be used for any Additional Information