

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. 43	
1. PLACE OF DEATH				COUNTY <u>Cochise</u> STATE <u>ARIZONA</u>		REGISTERED NO. <u>124</u>	
TOWNSHIP <u>Bisbee</u>				OR VILLAGE <u>Warren</u>		WARD	
CITY <u>Warren</u>				NO. <u>137</u>		ST. <u>1</u>	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE				IN CITY OR TOWN WHERE DEATH OCCURRED <u>36</u> YRS. <u>—</u> MOS. <u>—</u> DS.		HOW LONG IN U. S. OF FOREIGN BIRTH <u>—</u> YRS. <u>—</u> MOS. <u>—</u> DS.	
2. FULL NAME <u>Mary Gill</u>				HOW LONG IN STATE WHEN DEATH OCCURRED <u>54</u> YRS. <u>—</u> MOS. <u>—</u> DS.			
(A) RESIDENCE: NO. <u>#107 Fox Dyke Warren</u> ST. <u>—</u>				WARD. <u>—</u>		(IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)	
(USUAL PLACE OF ABODE)							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Fe.</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 19, 1870</u>							
7. AGE		YEARS <u>66</u>		MONTHS <u>1</u>		DAYS <u>5</u>	
				IF LESS THAN 1 DAY, HRS. <u>—</u> OR MIN. <u>—</u>			
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		<u>Retired</u>					
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		<u>—</u>					
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					
12. BIRTHPLACE (CITY OR TOWN) <u>Grass Valley Calif.</u>							
(STATE OR COUNTY)							
13. NAME <u>Dennie Twomey</u>							
14. BIRTHPLACE (CITY OR TOWN) <u>Cork Ireland</u>							
(STATE OR COUNTY)							
15. MAIDEN NAME <u>Mary O'Brien</u>							
16. BIRTHPLACE (CITY OR TOWN) <u>Cork Ireland</u>							
(STATE OR COUNTY)							
17. INFORMANT <u>Mrs. J. B. Mc Clell</u>							
(ADDRESS) <u>Warren, Arizona</u>							
18. BURIAL, CREMATION, OR OTHER TREATMENT							
PLACE <u>Bisbee Ariz</u>		DATE <u>Sept. 26, 1936</u>					
19. EMBALMER		LICENSE NO. <u>121-2</u>					
SIGNATURE <u>John B. Dugan</u>							
FUNERAL DIRECTOR <u>Hennerty Undertaking Co.</u>							
ADDRESS <u>Bisbee, Arizona</u>							
20. FILED <u>Sept 26, 1936</u>		REGISTRAR <u>R B Dugan</u>					
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept. 24, 1936</u>							
22. HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>July</u> , 19 <u>36</u> TO <u>Sept 24</u> , 19 <u>36</u>							
I LAST SAW HIM ALIVE ON <u>—</u> , 19 <u>—</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>2 P.M.</u>							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Bright's Disease</u>							
DATE OF ONSET <u>—</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Uremic Poisoning</u>							
NAME OF OPERATION <u>Autopsy</u> DATE OF <u>—</u>							
WHAT TEST CONFIRMED DIAGNOSIS <u>Autopsy</u> WAS THERE AN AUTOPSY? <u>Yes</u>							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>—</u> DATE OF INJURY <u>—</u> , 19 <u>—</u>							
WHERE DID INJURY OCCUR? <u>—</u> (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>—</u>							
MANNER OF INJURY <u>—</u>							
NATURE OF INJURY <u>—</u>							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>—</u>							
IF SO, SPECIFY <u>—</u>							
(SIGNED) <u>John B. Dugan</u> D.							
(ADDRESS) <u>Bisbee</u>							