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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 State File No. 0271  
Township Globe Ariz Village \_\_\_\_\_ Registered No. 15  
City Globe Ariz No. Gila Co Hosp 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 60 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME William J. McNelly How long in State when death occurred? 60 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. 369 So. Duane St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident give city or 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>Married</u>		21. DATE OF DEATH (month, day, and year) <u>Feb 2, 1938</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 15, 1938</u> to <u>Feb 2, 1938</u> I last saw him alive on <u>2-2, 1938</u> ; death is said to have occurred on the date stated above, at <u>2 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Senility</u> <u>Nephritis</u> Date of Onset <u>Jan. 1</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ida E. McNelly</u>		6. DATE OF BIRTH (month, day, and year) <u>April 3, 1849</u>	7. AGE Years <u>88</u> Months <u>9</u> Days <u>29</u> If LESS than 1 day, _____ hrs. or _____ min.	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. _____	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>Avalon Md.</u>				Name of operation _____ Date of _____				
13. NAME <u>Unknown</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____				
14. BIRTHPLACE (city or town) (State or Country) _____				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.				
15. MAIDEN NAME <u>Unknown</u>				Manner of injury _____				
16. BIRTHPLACE (city or town) (State or Country) _____				Nature of injury _____				
17. INFORMANT (Address) <u>369 So. Duane St Globe</u>				24. Was disease or injury in any way related to occupation of deceased? _____				
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Paul's Globe</u> Date <u>2-6, 1938</u>				If so, specify _____				
19. EMBALMER License No. <u>2003</u> Name <u>W. J. M. Mullen</u> Signature _____ FUNERAL DIRECTOR Name <u>W. J. Mullen</u> Address <u>Globe Ariz</u>				(Signed) <u>W. J. Mullen</u> , M. D. (Address) <u>Globe Ariz</u>				
20. Filed <u>Feb 5, 1938</u> Registrar <u>J. J. Kelleher</u>								