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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

State File No. **129**

1. PLACE OF DEATH
 County Maricopa State ARIZONA
 Township _____ or Village _____
 City Phoenix No. _____ 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 35 yrs. _____ mos. _____ ds. How long in U. S. of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME James Rairdan How long in State when death occurred? 35 yrs. _____ mos. _____ ds.
 (a) Residence: 1501 S. 12th St. (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>Widowed</u>			21. DATE OF DEATH (month, day, and year) <u>NOV. 5, 1939</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Margaret</u> (or) WIFE of _____					I HEREBY CERTIFY, That I attended deceased from <u>Investigated at mortuary</u>	
6. DATE OF BIRTH (month, day, and year) <u>Oct. 21, 1845</u>					I last saw him alive on <u>11-6-39</u> , 19 <u>39</u> ; death is said to have occurred on the date stated above, at <u>10:45 PM</u>	
7. AGE	Years <u>94</u>	Months <u>0</u>	Days <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows: <u>apoplexy</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				Date of Onset	
	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) _____					Other contributory causes of importance: <u>Hyper tension</u>	
11. Total time (years) spent in this occupation _____					Name of operation _____ Date of _____	
12. BIRTHPLACE (city or town) <u>St. Louis</u> (State or Country) <u>Missouri</u>					What test confirmed diagnosis? <u>Chemical</u> Was there an autopsy? _____	
FATHER	13. NAME <u>Tom Rairdan</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
14. BIRTHPLACE (city or town) <u>County Cork, Ireland</u> (State or Country) _____					Where did injury occur? _____ (Specify city or town, county and State)	
MOTHER	15. MAIDEN NAME <u>Ellen (Unknown)</u>				Specify whether injury occurred in industry, in home, or in public place _____	
16. BIRTHPLACE (city or town) <u>Ireland</u> (State or Country) _____					Manner of injury _____	
17. INFORMANT <u>Ella Claibourn</u> (Address) <u>1501 So. 12th St.</u>					Nature of injury _____	
18. BURIAL, CREMATION, OR REBURYAL Place <u>Greenwood</u> Date <u>11-8-39</u> , 19 <u>39</u>					24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
19. EMBALMER { License No. <u>157</u> Signature <u>[Signature]</u> FUNERAL DIRECTOR <u>A. H. McLellan</u> Address <u>Phoenix, Arizona</u>					If so, specify _____ (Signed) <u>O. West</u> M. D. (Address) <u>PHOENIX, ARIZ.</u>	
20. Filed <u>Nov 8</u> , 19 <u>39</u> <u>James Johnson</u> Registrar						