2724

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. 468

Registered No. 81 R.

1. PLACE OF DEATH

County YAVAPAI, State ARIZONA

Township Veterans' Administration, or Village ..... or Ward

City Whipple, Arizona St. #2 No.

(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 Unknown yrs. mos. ds. How long in U. S. if of foreign birth? Unknown yrs. mos. ds.

2. FULL NAME MAHONY, John F. How long in State when death occurred? 70 yrs. — mos. — ds.

(a) Residence: 125 S. McCormick St., Prescott, Ariz.; (If non-resident give city or town and state)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Aug. 14, 1849

7. AGE: Years 90 | Months 8 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Ireland

FATHER

13. NAME Maurice Mahony, deceased

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

MOTHER

15. MAIDEN NAME Eliza Shepard, deceased

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

17. INFORMANT (Address) John F. Mahony on admission to facility Mar. 27, 1940

18. BURIAL, CREMATION, OR REMOVAL Burial Place Odd Fellows Cemetery, Prescott, Arizona Date 4-27-40, 19

19. EMBALMER License No. Signature Lester Ruffner

FUNERAL DIRECTOR LESTER RUFFNER

Address Prescott, Arizona

20. Filed 4-27-40, 19 J. C. McNally Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1940, 19, to April 25, 1940, 19

I last saw him alive on Apr. 25, 1940, 19; death is said to have occurred on the date stated above, at 6:50 PM

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

	Date of Onset
Coronary Arteriosclerotic	Unknown
Heart Disease, severe	"
Nephritis interstitial, severe	

Other contributory causes of importance:

Arteriosclerosis, generalized,	Unknown
Senility	"

Name of operation None Date of —

What test confirmed diagnosis? Clinical & Physical findings. 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? Unknown

If so, specify

(Signed) J. Y. GAINES, M.D., Act. Clinical Director, M. D.

(Address) Whipple, Arizona

5M 12-16-38 A.P. Form 3 100% Rag

Back of Certificate to be used for any Additional Information