

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 Coconino State ARIZONA State File No. 13
Township Williams or Village _____
City Williams 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 25 yrs. _____ mos. _____ ds. How long in U. S. _____ foreign birth? 52 yrs. _____ mos. _____ ds.
2. FULL NAME Patrick Gorman How long in State when death occurred? 40 yrs. _____ mos. _____ ds.
(a) Residence: No. Williams 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>Single</u>			21. DATE OF DEATH (month, day, and year) <u>5-16-1940</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Single</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 1930</u> , 19____ to <u>May 1940</u> , 19____ I last saw him <u>after death</u> <u>5-16</u> , 19 <u>40</u> ; death is said to have occurred on the date stated above, at <u>8 p.</u> m.		
6. DATE OF BIRTH (month, day, and year) <u>1853</u>				The principal cause of death and related causes of importance were as follows:		Date of Onset
7. AGE	Years <u>87</u>	Months _____	Days _____	If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Railroad</u>			Date of Onset		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Watchman</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) (State or Country) <u>Ireland</u>				Other contributory causes of importance:		
MOTHER	13. NAME <u>Patrick Gorman</u>			Name of operation _____ Date of _____		
	14. BIRTHPLACE (city or town) (State or Country) _____			What test confirmed diagnosis? <u>Symptoms</u> Was there an autopsy? _____		
	15. MAIDEN NAME <u>Unknown</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____		
FATHER	16. BIRTHPLACE (city or town) (State or Country) <u>Ireland</u>			Where did injury occur? _____ (Specify city or town, county and State)		
	17. INFORMANT (Address) <u>Mrs. A. Alenius Williams</u>			Specify whether injury occurred in industry, in home, or in public place.		
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Williams Ariz</u> Date <u>5/18/40</u>			Manner of injury _____		
19. EMBALMER License No. <u>J. Hall</u> Signature <u>J. Hall</u> Address <u>Williams Ariz</u>			24. Was disease or injury in any way related to occupation of deceased? <u>no</u>			
20. Filed <u>5-17-</u> , 19 <u>40</u> Registrar <u>C. D. Jeffries</u>			If so, specify _____ (Signed) <u>C. D. Jeffries</u> , M. D. (Address) <u>Williams, Arizona</u>			