

1257

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

78

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_

Registrar's No. 7

1. Place of Death: (a) County Yuma (b) City or Town Miami (c) Location 1050 Adonis  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 30 yrs; In Arizona 30 yrs  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma; (c) City or Town Miami  
(If outside city limits also write RURAL)

(d) Street No. 1959 Adonis (e) If foreign born, in U. S. A. 46 yrs

3. (a) FULL NAME John J. McInerney (b) If veteran \_\_\_\_\_ (c) Social Security No. None  
(If NO. write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married  
6. (b) Name of husband Elizabeth McInerney 6. (c) Age of husband 62  
or wife \_\_\_\_\_ wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased May 10 1868  
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 15 If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ireland  
(City, town or county) (State or Country)

10. Usual Occupation Janitor High School

11. Industry or Business \_\_\_\_\_

Father { 12. Name Ralph Roger McInerney  
13. Birthplace Ireland  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Ann Brown  
15. Birthplace Ireland  
(City, town or county) (State or Country)

16. (a) Informant's own signature J. M. Drury  
(b) Address Glendale Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Pinal (c) Date Jan. 29, 1941

18. (a) Embalmer's Signature C. N. by Miller  
(b) Funeral Director Miller Mortuary  
(c) Address Miami Ariz.

19. (a) January 28, 1941  
(Date received local Registrar)  
(b) Nelson B. Grayton  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 27, 1941  
TIME (Hour and minute) 6:25 P.M.

21. I hereby certify that I attended the deceased from Oct 40 to Jan 27, 1941  
that I last saw him alive on Jan 27, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chc. nephritis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations None

Autopsy None

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or Town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Dr. Tucker M. D.  
Address Miami Ariz Date signed 1/29/41