

194

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 1392
Registrar's No. 24

1. Place of Death: (a) County Maricopa (b) City or Town Tempe (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 46 yr; In Arizona 46 yr
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Maricopa (c) City or Town Tempe
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Fredrick H. Irish (b) If veteran name war _____ (c) Social Security No. _____
(If NONE write the word)

4. Sex male 5. Color or Race white 6. (a) Single, married, widowed or divorced divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased May 16, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 26 If less than one day hrs. _____ min. _____

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

10. Usual Occupation Registrar, Ariz. State Teacher's College

11. Industry or Business _____

Father { 12. Name Thomas H. Irish
13. Birthplace Iowa
(City, town or county) (State or Country)

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

16. (a) Informant's own signature John T. Irish
(b) Address 1056 S. Normandy, L.A. Calif.

17. (a) Burial, Cremation or Removal Burial
St. Francis, Phoenix (b) Place _____ (c) Date Apr. 16, 1941

18. (a) Embalmer's Signature _____
(b) Funeral Director Carr Mortuary
(c) Address Tempe, Ariz.

19. (a) 4-14-41
(Date received local Registrar)
(b) Geo. B. Quinn, M.D.
(Registrar's Signature) J. G. C.

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Apr. 12, 1941
TIME (Hour and minute) 7:10 A.M. M.

21. I hereby certify that I attended the deceased from 4/9/40
to 4/11, 1941
that I last saw him alive on 4/11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart failure

Due to Coronary Occlusion or _____

Due to Chr. glomerulonephritis & hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature Geo. B. Quinn M. D.
Address Tempe Ariz Date signed 4/14/41

DURATION
3/28/41
4/4/40
?
PHYSICIAN
Underline the cause to which death should be charged statistically.