

2264

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 174

1. Place of Death: (a) County Gila (b) City or Town Ignatation (c) Location M. J. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 weeks; In Community 4 wks; in Arizona 5 wks.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State New Mex; (b) County Colfax; (c) City or Town Lawson
(If outside city limits also write RURAL)

(d) Street No. None; (e) Citizen of foreign country (yes or No) _____
If Yes, which country _____ (If NONE write the word)

3. (a) FULL NAME John M. O'Brien (b) If Veteran name war No Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (c) Age of husband or wife, if alive. 69 yrs.

7. Birthdate of deceased Oct 16 1972
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 18 hrs _____ min _____
If less than one day

9. Birthplace Wanamora N.Y.
(City, town or county) (State or Country)

10. Usual Occupation Rancher

11. Industry or Business _____

12. Name Michael O'Brien

13. Birthplace Wanamora N.Y.
(City, town or county) (State or Country)

14. Maiden Name May Collins

15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature J. H. O'Brien
(b) Address Ignatation

17. (a) Burial, Cremation or Removal Removal
(b) Place Raton N.Mex (c) Date Jan 4 1948

18. (a) Embalmer's Signature J. May Miles Jr
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz

19. (a) Jan 4 1948
(Date received local Registrar)

(b) Leson S. Brayton
(Registrar's Signature)

20M 103% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 3 1948
TIME (Hour and minute) 3:00 P.M.

21. I hereby certify that I attended the deceased from 12-9-42
to 1-3-43, 19____, and that death occurred on the date and hour stated above.

that I last saw him alive on 2 PM 1-3-43, 19____.

Immediate cause of death _____

Due to Bronchial pneumonia

Due to complications

Due to Coronary thrombosis

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? _____ (e) Means of injury _____

Signature J. E. H. [unclear] M. D.
Address Miami, Ariz Date signed 1-3-48

DURATION _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically