

541

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 1155
Registrar's No.

1. Place of Death: (a) County Pima (b) City or Town TUCSON (c) Location Elks Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 5 days; In Community 5 days; In Arizona 15 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Phoenix
(If outside city limits also write RURAL)
(d) Street No. 63 E. Columbus Ave., PHX (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (c) Social Security No. _____
(b) If Veteran name war None

3. (a) FULL NAME Arthur Patrick Harrington
4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Divorced
6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife, if alive. yrs. _____

7. Birthdate of deceased 7-29-1890
(Month) (Day) (Year)
8. AGE: Years 53 Months _____ Days _____ If less than one day hrs. _____ min. _____

9. Birthplace Minneapolis, Minn. (City, town or county) (State or Country)
10. Usual Occupation Accountant
11. Industry or Business State Income Tax dept.

Father { 12. Name Edward J. Harrington
13. Birthplace Rochester, Minnesota (City, town or county) (State or Country)

Mother { 14. Maiden Name Elizabeth Ellen Ryan
15. Birthplace Faribault, Minn. (City, town or county) (State or Country)

16. (a) Informant's own signature Eddie Harrington
(b) Address 845 N. 9th Ave., PHX

17. (a) Burial, Cremation or Removal removal
(b) Place Phoenix-Arizona Date 12-19-43

18. (a) Embalmer's Signature L. S. Downing
(b) Funeral Director Tucson Undertaking Co.
(c) Address Tucson, Ariz.

19. (a) 12-22-43 (Date received Local Registrar)
(b) L. S. Downing (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 12-19-43 19____ M.
TIME (Hour and minute) 8:30 A.
21. I hereby certify that I attended the deceased from 12-16-43 to 12-19-43
that I last saw him alive on 12-18-43 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: was sent to Elks Hospital by Phoenix Elks for days prior to death
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 _____ (a) Means of injury _____
23. Signature Jack Mahoney M. D. Date signed 12-22-43
Address Tucson Ariz