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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 375  
Registrar's No. 198

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix rural (c) Location Lateral 14 & Buckeye Rd.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution ----; In Community 58 Years; in Arizona 58 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. Lateral 14 & Buckeye Rd. Rt. 4 Box 547 (e) Citizen of foreign country (yes or No) ----  
3. (a) FULL NAME William Patrick Hughes (b) If Veteran NONE (c) Social Security No. NONE  
name war

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Widowed  
6. (b) Name of husband or wife Bridget 6. (c) Age of husband or wife, if alive ---- yrs.  
7. Birthdate of deceased March 17, 1852  
(Month) (Day) (Year)  
9. AGE: Years 93 Months 10 Days 14 If less than one day hrs. ---- min. ----  
9. Birthplace Potsdam, New York  
(City, town or county) (State or Country)  
10. Usual Occupation Retired Farmer  
11. Industry or Business ----  
Father { 12. Name John Hughes  
13. Birthplace Ireland  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Margaret Butler  
15. Birthplace Ireland  
(City, town or county) (State or Country)

16. (a) Informant's own signature Ann Hughes  
(b) Address Lat 14 & Buckeye Rd, PHX  
17. (a) Burial, Cremation or Removal burial  
(b) Place St. Francis (c) Date 2-4-46 19 46  
18. (a) Embalmer's Signature E. L. Murphy  
(b) Funeral Director E. L. Murphy  
(c) Address Whitney Funeral Home, Phoenix.  
19. (a) 1946  
(Date received local Registrar)  
(b) Ann Hughes M.D.  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) 1-31-46, 19 46;  
TIME (Hour and minute) 5:20 P.M. M.  
21. I hereby certify that I attended the deceased from Jan 10, 19 46 to Jan 31, 19 46;  
that I last saw him alive on Jan 31, 19 46;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary thrombosis  
Due to Hypertension  
arteriosclerosis  
Due to central hemorrhage  
Other conditions (Include pregnancy within 3 months of death) ----  
Major findings: ----  
Of operations ----  
Of autopsy ----

DURATION  
1 hr  
about 4 yrs  
4 yrs  
15 days  
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 Ann Hughes M.D. M. D.  
Address 15 E. Meade Date signed 2/4/46