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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____
Registrar's No. 124

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location Pima Co. Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 day (Specify whether years, months or days); In Community 2½ yrs; In Arizona 38 yrs
2. Usual Residence of Deceased: (a) State Ariz; (b) County Pima; (c) City or Town Tucson (If outside city limits also write RURAL)
(d) Street No. Armory Building; (e) Citizen of foreign country (Yes or No) _____ If Yes, which country _____
3. (a) FULL NAME Joseph Leo Gannon (b) If Veteran name war no (c) Social Security No. 700-07-1055

4. Sex: Male
5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced: Divorced
6. (b) Name of husband or wife: Marion S. Gannon
6. (c) Age of husband or wife, if alive 53 yrs.
7. Birthdate of deceased May (Month) 1st (Day) 1892 (Year)
8. AGE: Years 53 | Months 9 | Days 3 | If less than one day hrs. _____ min. _____
9. Birthplace Barton (City, town or county) Maryland (State or Country)
10. Usual Occupation Railroad Clerk
11. Industry or Business _____
Father: 12. Name Samuel Gannon
13. Birthplace _____ (City, town or county) Ireland (State or Country)
Mother: 14. Maiden Name Bessie
15. Birthplace _____ (City, town or county) Germany (State or Country)
16. (a) Informant's own signature Marion Gannon
(b) Address Lowell Ariz. Box 3726
17. (a) Burial, Cremation or Removal Removal
(b) Place Bisbee Ariz (c) Date Feb 7 1946
18. (a) Embalmer's Signature Chris A Reilly
(b) Funeral Director Reilly Undertaking Co
(c) Address Tucson Ariz.
19. (a) 2-7-46 (Date received Local Registrar)
(b) L. J. Howard, M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 4th, 1946;
TIME (Hour and minute) 8:05 P M.
21. I hereby certify that I attended the deceased from 4 Feb, 1946 to 4 Feb, 1946;
that I last saw him alive on 4 Feb 46, 19__;
and that death occurred on the date and hour stated above.
Immediate cause of death Peritonitis Acute, generalized
Due to Perforation, Duodenal
Due to Ulcer Peptic.
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations _____
Of autopsy as above

DURATION: 4 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 H. E. Thompson M.D. M. D.
Address 123 So Stone Date signed 6 Feb 46

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