

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 131

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 848 N. 5th Ave.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 24 years; In Arizona 24 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. 848 N. 5th Ave. (e) Citizen of foreign country (Yes or No) unk.
(f) If Yes, which country? (g) Social Security No.

3. (a) FULL NAME William James McNamara
4. Sex M 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Anna G. McNamara 6. (c) Age of husband or wife, if alive 65 yrs.
7. Birthdate of deceased December 27, 1879
(Month) (Day) (Year)
8. AGE: Years 67 Months 0 Days 5 hrs. min.
9. Birthplace Ontario, Canada
(City, town or county) (State or Country)
10. Usual Occupation Salesman
11. Industry or Business Real Estate
Father { 12. Name John McNamara
13. Birthplace Canada
(City, town or county) (State or Country)
Mother { 14. Maiden Name Marie Sunstrom
15. Birthplace Canada
(City, town or county) (State or Country)

16. (a) Informant's own signature Robert L. McNamara
(b) Address 848 N. 5th Ave, Phoenix, Ariz.

17. (a) Burial, Cremation or Removal Cremation
(b) Place Greenwood-Phx (c) Date Jan 4 1947
18. (a) Embalmer's Signature Tyler Hays #269
(b) Funeral Director A. L. Moore & Sons
(c) Address 333 W Adams, Phoenix, Ariz.

19. (a) JAN 3 1947 (Date received Local Registrar)
(b) [Signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) January 1, 1947
TIME (Hour and minute) 3:55 P.M.
21. I hereby certify that I attended the deceased from Sept 27, 1946
to Jan 1, 1947
that I last saw him alive on January 1st at 2:30 P.M., 1947
and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure
Due to acute stenosis, mitral's stenosis, aortic
Due to chronic nephritis

Other conditions (include pregnancy within three months of death)
Major findings: Of operations
Of autopsy acute stenosis, mitral's stenosis, sclerotic kidney - toxic purpose

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 J. R. [Signature] M. D.
Address 807 of County Bldg Date signed 1-2-47

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically