

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH County <u>Coconino</u> District <u>1</u> Town Or City <u>Prescott</u>		ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF DEATH		State Index No. <u>67</u> County Registered No. <u>349</u> Local Registrar's No. _____
No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Bridgett Gallagher</u>				
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u> Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>May 21</u> 191 <u>4</u> (Month) (Day) (Year)		
DATE OF BIRTH _____ 191____ (Month) (Day) (Year)		I hereby certify, that I attended deceased from <u>May 24</u> 191 <u>4</u> to <u>May 26</u> 191 <u>4</u> ; that I last saw him <u>21</u> alive on <u>May 26</u> 191 <u>4</u> , and that death occurred on the date stated above at <u>6 a.</u> M. The DISEASE or INJURY causing Death was as follows: <u>Phenol Poisoning</u>		
AGE <u>22</u> yrs. _____ mos. _____ days _____ hrs., or _____ min. If less than 1 day _____		(Duration) _____ yrs. _____ mos. <u>2</u> days		
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)		Was disease contracted in Arizona? <u>357</u> If not, where? _____		
BIRTHPLACE (State or country) <u>Ireland</u>		CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days		
NAME OF FATHER <u>Unknown</u>		Signed) <u>Chas. F. Hawley M.D.</u> <u>May 24</u> 191 <u>4</u> (Address) <u>Prescott</u>		
BIRTHPLACE OF FATHER (State or country) <u>Ireland</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
MAIDEN NAME OF MOTHER <u>May</u>		LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.		
BIRTHPLACE OF MOTHER (State or country) <u>Ireland</u>		Former or Usual Residence _____		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Tom Barr</u>		Filed <u>6-9</u> 191 <u>4</u> <u>W. Berendse</u> Local Registrar		
(Address) <u>Prescott</u>		Filed <u>6/12</u> 191 <u>4</u> <u>C. H. Smith</u> County Registrar		
PLACE OF BURIAL OR REMOVAL <u>Prescott</u>	DATE OF BURIAL OR REMOVAL <u>May 28</u> 191 <u>4</u>	UNDERTAKER <u>W. G. Hubbard</u> ADDRESS _____		