87

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 79
County Registered No. 69
Local Registrar's No.

PLACE OF DEATH
County Cochise
District Douglas
Town Or City Douglas

No. Calumet Hospital St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Nicholas Donohoe

PERSONAL AND STATISTICAL PARTICULARS

SEX M
Color or Race: White Indian Black Chinese Mexican
~~SINGLE~~ MARRIED WI~~DOWED~~ or ~~DIVORCED~~

DATE OF BIRTH Feb 1894 (Month) (Day) (Year)

AGE 23 yrs. mos. days
If less than 1 day hrs., or min.

OCCUPATION
(a) Trade, profession or particular kind of work Pipe Fitter
(b) General nature of industry, business, or establishment in which employed or (employer) Employed

BIRTHPLACE (State or country) Ireland

PARENTS
NAME OF FATHER John Donohoe
BIRTHPLACE OF FATHER (State or Country) Ireland
MAIDEN NAME OF MOTHER Hannah McLaughlin
BIRTHPLACE OF MOTHER (State or Country) Ireland

The Above Is True to the Best of My Knowledge
(Informant) Nicholas Donohoe
(Address) Douglas

PLACE OF BURIAL OR REMOVAL Douglas
DATE OF BURIAL OR REMOVAL Jan 29 1917
UNDERTAKER Ferguson
ADDRESS Douglas

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1917 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 19 1917 to Jan 26 1917; that I last saw him alive on Jan 26 1917, and that death occurred on the date stated above at 9 A.M. The DISEASE or INJURY causing Death was as follows: Lobar pneumonia

(Duration) yrs. mos. 7 days

Was disease contracted in Arizona? yrs
If not, where?

CONTRIBUTORY
(Duration) yrs. mos. days

(Signed) Carl H Lund
Douglas Ariz
191 (Address) Jan 27-1917

In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE
At place of death 10 yrs. mos. ds. In Arizona 10 yrs. mos. ds.
Former or Usual Residence Ireland

Filed Jan 29 1917 F. A. Greene
Local Registrar

Filed 2/7 1917 C H Hunt
County Registrar