

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

3550
87-

24 04 CE OF DEATH AND 19 AL RESIDENCE X	1. PLACE OF DEATH A. COUNTY Gila C. CITY OR TOWN Globe, D. FULL NAME OF HOSPITAL OR INSTITUTION 167 So. First St.		2. USUAL RESIDENCE A. STATE Arizona C. CITY OR TOWN Globe, D. STREET ADDRESS 167 So. First St.		REGISTRAR'S NO. 3550 3. NAME OF DECEASED (TYPE OR PRINT) Michael Patrick McNamara B. (MIDDLE)	
	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 39 Yrs. 39 Yrs. C. IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		4. SEX Male 5. COLOR OR RACE White		6. HARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
DECEDENT PERSONAL DATA 176 4 653	7. DATE OF BIRTH MONTH June DAY 5 YEAR 1877		8. AGE (IN YEARS) LAST BIRTHDAY 76		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). retired baker	
	9B. KIND OF BUSINESS OR INDUSTRY Cook & Baker 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) U.S.A. 11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) none		13. SOCIAL SECURITY NO. 526-09-5025	
CAUSE OF DEATH ITEM 18)	14A. FATHER'S NAME Archibald McNamara 14B. BIRTHPLACE (STATE OR COUNTRY) New York, N. Y.		15A. MOTHER'S MAIDEN NAME Mary Kenny		15B. BIRTHPLACE (STATE OR COUNTRY) Kansas	
	16. INFORMANT'S SIGNATURE Mrs. Grace McNamara 17. DATE OF DEATH (MONTH) June (DAY) 30, (YEAR) 1953.		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Metastatic Carcinoma 2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. Breast Carcinoma 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		19. DATE OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ERATIONS, AUTOPSY	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SECOND) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON June 27, 1953 AND THAT DEATH OCCURRED AT 7:15 a.m. TO June 30, 1953 THAT I LAST SAW THE DECEASED		23A. SIGNATURE [Signature] (DEGREE OR TITLE) MD		23B. ADDRESS P.O. Box 150 Globe Ariz. 23C. DATE SIGNED July 1 1953	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE July 2, 1953		24C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery	
DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE [Signature]		25C. ADDRESS Central Heights, Arizona	
	26. FUNERAL DIRECTOR'S SIGNATURE [Signature]		27. EMBALMER'S SIGNATURE [Signature]		28. ADDRESS Globe Ariz.	