

2374

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Maricopa

BUREAU OF VITAL STATISTICS

State Index No. 557

District \_\_\_\_\_

County Registered No. 4619

Town Phoenix

ORIGINAL CERTIFICATE OF DEATH

Local Registrar's No. 6355

Or City Phoenix No. Deaconess Hospital St. \_\_\_\_\_  
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME William J. Mahoney

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White SINGLE  MARRIED  
Black  Indian  WIDOWED  
Chinese  or DIVORCED  
Mexican

DATE OF DEATH April 24 1918  
(Month) (Day) (Year)

DATE OF BIRTH May 19 1918  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from April 10  
1918 to April 24 1918; that I last saw him alive  
on April 22 1918, and that death occurred on the date  
stated above at 12:00 P.M. The DISEASE or INJURY causing

AGE 70 yrs. 0 mos. 0 days hrs., or 0 min.  
If less than 1 day \_\_\_\_\_

Death was as follows: Subarachnoid hemorrhage

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

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
Was disease contracted in Arizona? yes

BIRTHPLACE (State or country) Mo.

If not, where? Chicago  
CONTRIBUTORY Chronic Bronchitis  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

NAME OF FATHER Beverly Mahoney

(Signed) A. B. Nichols  
1918 (Address) \_\_\_\_\_

BIRTHPLACE OF FATHER (State or country) Ill.

\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
LENGTH OF RESIDENCE  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In Arizona 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

MAIDEN NAME OF MOTHER O'neil

Former or Usual Residence Albany Mo.  
Filed Apr 18 1918 Local Registrar A. B. Nichols

BIRTHPLACE OF MOTHER (State or country) Ind.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) M. H. Mahoney

Filed May 6 1918 County Registrar A. B. Nichols

(Address) \_\_\_\_\_  
PLACE OF BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL OR REMOVAL \_\_\_\_\_

UNDERTAKER Marie J. McLellan ADDRESS \_\_\_\_\_

FILL OUT ALL BLANKS. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it 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.