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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH  
County Yuma  
District  
Town Bowen  
Or City

State Index No.  
County Registered No. 97  
Local Registrar's No. 3

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

FULL NAME Joseph James Kavanaugh

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.

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Male</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH <u>June 17</u> 191 <u>7</u> (Month) (Day) (Year)		
AGE <u>13</u> yrs. <u>5</u> mos. <u>10</u> days If less than 1 day _____ hrs., or _____ min.		
OCCUPATION (a) Trade, profession or particular kind of work <u>School boy</u> (b) General nature of industry, business, or establishment in which employed or (employer)		
BIRTHPLACE (State or country) <u>Arizona</u>		
PARENTS	NAME OF FATHER <u>William Kavanaugh</u>	
	BIRTHPLACE OF FATHER (State or country) <u>California</u>	
	MAIDEN NAME OF MOTHER <u>Dora Williams</u>	
	BIRTHPLACE OF MOTHER (State or country) <u>Arizona</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <u>William Kavanaugh</u>		
(Address) <u>Bowen, Yuma, Arizona</u>		
PLACE OF BURIAL OR REMOVAL <u>Bowen</u>	DATE OF BURIAL OR REMOVAL <u>June 23</u> 191 <u>7</u>	
UNDERTAKER <u>John H. Collins</u>	ADDRESS <u>Parker</u>	

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH <u>June 21</u> 191 <u>7</u> (Month) (Day) (Year)
I hereby certify, that I attended deceased from <u>6:00</u> 191 <u>7</u> to <u>6:00</u> 191 <u>7</u> ; that I last saw <u>him</u> alive on <u>6/20</u> 191 <u>7</u> , and that death occurred on the date stated above at <u>8:45</u> P.M. The DISEASE or INJURY causing Death was as follows: <u>Diphtheria &amp; emphysema</u>
(Duration) _____ yrs. _____ mos. _____ days
Was disease contracted in Arizona? <u>Yes</u>
If not, where? _____
CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days
(Signed) <u>Abbie E. Collins</u> <u>1220</u> 191 <u>7</u> (Address) <u>Marion Ave</u>
*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 _____ yrs. _____ mos. _____ ds.
Former or Usual Residence _____
Filed <u>July 5</u> 191 <u>7</u> <u>Abbie E. Collins</u> Local Registrar
Filed <u>July 9</u> 191 <u>7</u> <u>A E Rooney MD</u> County Registrar