

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

238

County.....

BUREAU OF VITAL STATISTICS

State Index No. 882

District.....

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 1872

Town.....

Or City.....

Local Registrar's No. 5220

No. 829E Jefferson St.  
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME *Edward Irvine*

**PERSONAL AND STATISTICAL PARTICULARS**

Color or Race:  White,  Indian,  Black,  Chinese,  Mexican

MARRIED  SINGLE, WIDOWED, or DIVORCED

DATE OF BIRTH: *Nov 29 1916*  
(Month) (Day) (Year)

AGE: *78* yrs. mos. days hrs., or min.

OCCUPATION: *Retired Businessman*

BIRTHPLACE (State or country): *Ireland*

NAME OF FATHER: *A. Irvine*

BIRTHPLACE OF FATHER (State or country): *Unknown*

MAIDEN NAME OF MOTHER: *Unknown*

BIRTHPLACE OF MOTHER (State or country): *Unknown*

INFORMANT: *J. R. Irvine*  
Address: *Phoenix Ariz*

PLACE OF BURIAL OR REMOVAL: *Greenwood*

DATE OF BURIAL OR REMOVAL: *12/13 1916*

UNDERTAKER: *World of Lelan 3297 W. Lelan*

ADDRESS: *3297 W. Lelan*

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: *Dec 10 1916*  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from *Dec 10 1916* to *Dec 10 1916*; that I last saw him alive on *Dec 10 1916*, and that death occurred on the date stated above at *5 a.m.* The DISEASE or INJURY causing Death was as follows: *Pneumonia*

(Duration) yrs. mos. days

Was disease contracted in Arizona?  If not, where?

CONTRIBUTORY (Duration) yrs. mos. days

(Signed) *[Signature]* 191 (Address)

\*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 *Dec 12 1916* *[Signature]* Local Registrar

Filed *Jan 11 1917* *[Signature]* County Registrar

CERTIFIED COPY OF VITAL RECORD

STATE OF ARIZONA )

SS

Date Issued: **OCT 14 1966**

COUNTY OF MARICOPA)

This copy is a true and exact reproduction of the document officially registered and placed on file in the BUREAU OF VITAL STATISTICS, ARIZONA STATE DEPARTMENT OF HEALTH, PHOENIX, ARIZONA.

Issued under the authority of ARS 36-327 and by direction of:

*Fenton H. Butler*  
FENTON H. BUTLER  
Deputy State Registrar

GEORGE A. SPENDLOVE, M. D., M. P. H.  
Commissioner of Public Health  
and State Registrar

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