

Filed at request of
 Moncett & Hall
 March 30 A.D. 1910
 Puddy Sumner Records

DEATH CERTIFICATE File No. _____

THIS CERTIFICATE MUST BE FILED WITH THE CLERK OF THE LOCAL BOARD OF HEALTH HAVING JURISDICTION WHERE THE DEATH OCCURRED.

<p>Place of Death: County of <u>Washoe</u> City or Town of <u>Tropic</u> Street and Number _____ State of Nevada _____ If in hospital or institution, give its name <u>Residence</u></p>	<p>Full Name of Deceased: <u>Matthew J. Devine</u> Special Information of Hospitals, Institutions, Transients or Resort Residents _____ Former or Usual Residence <u>Austin Nevada</u> How Long at Place of Death <u>about 3 years</u></p>
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<p style="text-align: center;">PERSONAL AND STATISTICAL PARTICULARS</p> <p>Single, Married, Widowed or Divorced <u>Married</u> Date of Birth <u>Nov</u> Month <u>1877</u> Year Age <u>30</u> Years <u> </u> Months <u> </u> Days Occupation (if none, so state) <u>Miner</u> Place of Birth _____ State or Country <u>Nevada</u> Name of Father <u>M. J. Devine</u> Place of Birth of Father _____ State or Country <u>Ireland</u> Married Name of Mother <u>Margaret Whelan</u> Place of Birth of Mother _____ State or Country <u>Ireland</u> The above stated personal particulars are true to the best of my knowledge and belief. (Informant) <u>Mrs. Ella Devine</u> (Address) <u>Tropic</u></p>	<p style="text-align: center;">MEDICAL CERTIFICATE OF DEATH</p> <p>Date of Death <u>March</u> <u>4th</u> 19<u>10</u> Month Day Year Sex <u>Male</u> Race or Color <u>white</u> I hereby certify that death occurred, on the date stated above, at <u>G.P.</u> M. To the best of my knowledge and belief the cause of death was as follows: Chief Cause <u>Gun shot wound</u> Where Contracted <u>Tropic</u> Duration _____ Contributory (if any) _____ Where Contracted _____ Duration _____ (Signed) <u>J. R. Cunningham</u> M. D. or Coroner (Address) <u>Tropic</u> (Date) <u>March 9</u> 19<u>10</u> Permission is hereby granted to <u>bury</u> the body of the person above described. (Signed) <u>J. R. Cunningham</u> M. D. (Address) <u>Tropic Nevada</u> (Date) <u>March 6</u> 19<u>10</u></p>
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WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS. IF ANY ITEM CANNOT BE OBTAINED INSERT THE WORD "UNKNOWN". MAKE EVERY EFFORT POSSIBLE TO SECURE THIS INFORMATION. INCORRECT CERTIFICATION WILL BE RETURNED FOR CORRECTION.