

1 PLACE OF DEATH
COUNTY OF ESMERALDA

NEVADA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
DUPLICATE CERTIFICATE OF DEATH

TOWN OF Goldfield
 or
 CITY OF _____

State Issue No. _____
 LOCAL REGISTERED NO. 192

(No. _____ St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 16.)

Full Name Paul Timothy

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE White 5 Single Single
 Married _____
 Widowed _____
 or Divorced _____
 (Write the word)

6 DATE OF BIRTH August 21st 1933
 (Month) (Day) (Year)

7 AGE _____ If less than 1 day, _____
 0 yrs 0 mos 0 da. of age, per 40 mos.

8 OCCUPATION
 (A) Trade, profession or particular kind of work None
 (B) General nature of industry, business or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Goldfield Nevada

10 NAME OF FATHER Paul Halpin Timothy

11 BIRTHPLACE OF FATHER (State or country) Nashville Tennessee

12 MOTHER NAME OF MOTHER Patricia Bradshaw

13 BIRTHPLACE OF MOTHER (State or country) Reno Nevada

14a LENGTH OF RESIDENCE
 At place of Death _____ years _____ months
 In Nevada _____ years _____ months

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 21st 1933
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from August 21st 1933 to August 21st 1933
 and that I last saw him alive on August 21st 1933
 and that death occurred on the date stated above at 2 R. M.
 The CAUSE OF DEATH* was as follows:
Premature Death

Contributory (Secondary) _____
 (Describe) _____ yrs. _____ mos. _____ da.

(Signed) J. G. Chesser M. D.
 182 (Address) Goldfield Nev.

*State the Disease Causing Death, as to Swine from Violent Causes, state (1) Manner of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Paul Timothy
 (Address) Goldfield Nevada

15
 Filed _____ 1933. G. P. Pissart Registrar or Deputy

18 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Resort Residences
 Formed in Local Residence _____ How long at _____ Days
 Place of Death _____
 Where was disease contracted, if not at place of death?

19 PLACE OF BURIAL OR REMOVAL Tombah Nevada DATE OF BURIAL Aug 22 1933

20 UNDERTAKER Cavanaugh & Hancock ADDRESS Tombah, Nev