ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3060

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1305

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 15 yrs; IN ARIZONA 15 yrs
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Biltmore Hotel

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 2118 N. 20th Street
E. (IF RURAL, GIVE LOCATION) IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) HAZEL B. (MIDDLE) IRENE C. (LAST) SULLIVAN
4. SEX: female
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Daniel J. Sullivan
7. DATE OF BIRTH: MONTH June DAY 24 YEAR 1906
8. AGE (IN YEARS LAST BIRTHDAY): 51 — IF UNDER 1 YEAR: MONTHS 10 DAYS 3 — IF UNDER 24 HRS.: HOURS ___ MIN. ___
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Dining room Hostess
9B. KIND OF BUSINESS OR INDUSTRY: ----------
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Massachusetts
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE): ----------
13. SOCIAL SECURITY NO.: 010-20-3276
14A. FATHER'S NAME: William Bergeron
14B. BIRTHPLACE (STATE OR COUNTRY): New Hampshire
15A. MOTHER'S MAIDEN NAME: Clara Oliver
15B. BIRTHPLACE (STATE OR COUNTRY): New Hampshire
16. INFORMANT'S SIGNATURE: Daniel J. Sullivan, Jr. ADDRESS: 2114 N. 20th Street
17. DATE OF DEATH (MONTH) APRIL (DAY) 27 (YEAR) 1958

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Coronary occlusion
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) ___ DUE TO (C) ___
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ___, 19___, AND THAT DEATH OCCURRED AT ___ I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED On 4-28-58 THAT I LAST SAW THE DECEASED ALIVE ON ___, 19___, FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEPUTY) MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS Phoenix
22C. DATE SIGNED 4-28-58

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NATURAL CAUSE ☒ App. Natural (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS: Phoenix, Arizona
24C. DATE SIGNED: 4/29/1958

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: April 30, 1958
25C. NAME OF CEMETERY OR CREMATORY: St. Francis
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 4/29/58
26B. REGISTRAR'S SIGNATURE
27A. FUNERAL DIRECTOR'S SIGNATURE
27B. ADDRESS: 330 N. 2d Ave., Phx
28. EMBALMER'S SIGNATURE
28B. EMBALMER'S CERT. NO.: 141-A

FORM VS-2 REV. 3-15-55

Whitney & Murphy Funeral Home, Phoenix, Ariz