

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

5742
26/3

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY

Maricopa

B. LENGTH OF STAY

IN THIS TOWN IN ARIZONA
10 yrs 10 yrs

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

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)

5126 W. Catalina Drive

D. STREET (IF RURAL, GIVE LOCATION) ADDRESS E. IS RESIDENCE ON A FARM?

5126 W. Catalina Drive

YES NO

3. NAME OF DECEASED (TYPE OR PRINT)

A. (FIRST) JOHN

B. (MIDDLE) JOSEPH

C. (LAST) COFFEY

4. SEX male

5. COLOR OR RACE white

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married

6B. NAME OF SPOUSE

Nora Coffey

7. DATE OF BIRTH
MONTH DAY YEAR
July 21 1883

8. AGE (IN YEARS LAST BIRTHDAY) 78

IF UNDER 1 YEAR MONTHS DAYS

IF UNDER 24 HRS. HOURS MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Salesman

9B. KIND OF BUSINESS OR INDUSTRY
Oil & Gas

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York

11. CITIZEN OF WHAT COUNTRY? USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No

13. SOCIAL SECURITY NO. none

14A. FATHER'S NAME

John J. Coffey

14B. BIRTHPLACE (STATE OR COUNTRY) Canada

15A. MOTHER'S MAIDEN NAME

Catherine Burnett

15B. BIRTHPLACE (STATE OR COUNTRY) New York

16. INFORMANT'S SIGNATURE

Mrs. Nora Coffey, 5126 W. Catalina Drive

ADDRESS

17. DATE OF DEATH

(MONTH) July

(DAY) 31

(YEAR) 1961

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)

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

MEDICAL CERTIFICATION

(A) Venia

DUE TO (B) Hypertension

DUE TO (C) Generalized Arteriosclerosis

Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct 10, 1960, TO July 31, 1961, THAT I LAST SAW THE DECEASED ALIVE ON July 21, 1961, AND THAT DEATH OCCURRED AT 2:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE)

Frederick W. Arnold M.D.

22B. ADDRESS

2201 W. Royal Palm Rd

22C. DATE SIGNED 8-3-61

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

23E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE

24B. ADDRESS

24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL CREMATION REMOVAL

25B. DATE 8-3-61

25C. NAME OF CEMETERY OR CREMATORY St. Francis

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix Arizona

26A. DATE REC. BY LOCAL REG. 8-2-61

26B. REGISTRAR'S SIGNATURE

27A. FUNERAL DIRECTOR'S SIGNATURE

27B. ADDRESS 330 N. 2d Ave., Phx

28A. EMBALMER'S SIGNATURE

28B. EMBALMER'S CERT. NO. 397-A

28B. EMBALMER'S CERT. NO. 397-A