1072

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 198

Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Wickenburg (If outside city limits also write RURAL) (c) Location Jefferson St. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 14 yrs (Specify whether years, months or days) ; In Arizona 14 yrs

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Maricopa ; (c) City or Town Wickenburg (If outside city limits also write RURAL)

(d) Street No. Third and Jefferson Sts. ; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Marie Josephine Sullivan (b) If veteran name war (c) Social Security No. none (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced	
Female	white	Married	
6. (b) Name of husband or wife Harold P. Sullivan		6. (c) Age of husband or wife, if alive 44 yrs.	

7. Birthdate of deceased Sept. (Month) 8 (Day) 1902 (Year)

8. AGE: Years	Months	Days	If less than one day
38	4	26	hrs. min.

9. Birthplace St. Joseph (City, town or county) Missouri (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

Father
12. Name John Knopinski
13. Birthplace Patterson New Jersey (City, town or county) (State or Country)

Mother
14. Maiden Name Sophie Dubusky
15. Birthplace St. Joseph Missouri (City, town or county) (State or Country)

16. (a) Informant's own signature Harold P. Sullivan
(b) Address Wickenburg Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place St. Joseph Mo. (c) Date Feb 5 19 41

18. (a) Embalmer's Signature H L Coffinger
(b) Funeral Director H. L. Coffinger
(c) Address Wickenburg Ariz.

19. (a) Feb 4 1941 (Date received local Registrar)
(b) Naomi M. Coffinger (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 2/4/41, 19; TIME (Hour and minute) 330 A M.

21. I hereby certify that I attended the deceased from Nov 1939, 19 to Feb 4/41, 19; that I last saw h. alive on 2/4/41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure, Pulmonary Embolus — DURATION 1 month

Due to Myocardial Insufficiency — DURATION 15 minutes

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Floyd B. Brallier M. D.
Address Wickenburg Date signed 2/4/41