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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 378
Registrar's No. 25

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Navajo (b) City or Town Holbrook (If outside city limits also write RURAL) (c) Location Heywood Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 4 Days (Specify whether years, months or days); In Community 4 Days; In Arizona 5 yrs.

2. Usual Residence of Deceased: (a) State Ariz; (b) County Apache; (c) City or Town St. Johns (If outside city limits also write RURAL)
(d) Street No. —; (e) Citizen of foreign country (Yes or No) No
If Yes, which country —
(b) If Veteran name war —; (c) Social Security No. —

3. (a) FULL NAME Marion J. Connolly

4. Sex M
5. Race White ☑ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced S
6. (b) Name of husband or wife —
6. (c) Age of husband or wife, if alive 0 yrs.

7. Birthdate of deceased March (Month) 7 (Day) 1939 (Year)

8. AGE: Years 5 Months 8 Days 22 If less than one day hrs. min.

9. Birthplace Holbrook (City, town or county) Ariz. (State or Country)

10. Usual Occupation Child

11. Industry or Business —

Father
12. Name Noah Otis Connolly
13. Birthplace Richardson (City, town or county) West Va. (State or Country)

Mother
14. Maiden Name Mary Marble
15. Birthplace Concho (City, town or county) Ariz. (State or Country)

16. (a) Informant's own signature Noah O. Connolly
(b) Address St. Johns

17. (a) Burial, Cremation or Removal Removal
(b) Place St. Johns (c) Date Dec 1st 1944

18. (a) Embalmer's Signature
(b) Funeral Director Scotto McMillan
(c) Address Winslow

19. (a) 11-29-1944 (Date received Local Registrar)
(b) Rosemary Wilson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 29, 1944;
TIME (Hour and minute) 6:22 A.M.

21. I hereby certify that I attended the deceased from November 25, 1944 to Nov. 29, 1944; that I last saw him alive on Nov 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Diffuse Purulent Peritonitis

Due to Acute Perforated Appendicitis

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations Perforated gangrenous appendicitis with general peritonitis
Of autopsy

DURATION 4 days.

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 Bernard S. Heywood M. D.
Address Holbrook Date signed Nov 29, 44

40M—100% Rag—6-10-44