4721

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 6546
Registrar's No. 2449

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

(d) Length of Stay: In Hospital or Institution 2 days; In Community 6 years (Specify whether years, months or days); In Arizona 45 years

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

(d) Street No. 322 E. Palm Lane; (e) Citizen of foreign country (Yes or No) No; If Yes, which country

3. (a) FULL NAME Patrick Maurice Kelly (b) If veteran name war No (c) Social Security No. None

4. Sex: Male

5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ White

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Julia

6. (c) Age of husband or wife, if alive 78 yrs.

7. Birthdate of deceased March 17, 1867 (Month) (Day) (Year)

8. AGE: Years 81 | Months 9 | Days 11 | If less than one day hrs. min.

9. Birthplace Waterville, Ireland (City, town or county) (State or Country)

10. Usual Occupation Retired Engineer

11. Industry or Business

Father
12. Name Maurice Kelly
13. Birthplace Ireland (City, town or county) (State or Country)

Mother
14. Maiden Name Mary Sullivan
15. Birthplace Ireland (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Julia Kelly
(b) Address 332 E. Palm Lane, Phoenix.

17. (a) Burial, Cremation or Removal burial
(b) Place St. Francis Cem. (c) Date 12-31-48

18. (a) Embalmer's Signature W. L. Murphy
(b) Funeral Director W. L. Murphy
(c) Address Whitney Funeral Home.

19. (a) JAN 4 1949 (Date received Local Registrar)
(b) [illegible] (Registrar's Signature)

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15M—100% Rag—3-48

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 12-28-48, 19__;
TIME (Hour and minute) 7:45 P.M. M.

21. I hereby certify that I attended the deceased from October 4, 1948 to December 28, 1948; that I last saw him alive on December 28, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death generalized carcinomatosis — DURATION 1 year
Due to Probable origin in lung — DURATION 1 year
Due to ORIGIN IN
Other conditions Chronic diffusely nephritic. Congestive heart failure.
(Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy None

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 Louis R. Baldwin M.D.
Address 414 Prof. Bldg. Phoenix, Arizona Date signed 12/30/48