

2904

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1914

CERTIFICATE OF DEATH

REGISTRAR'S NO.

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1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix	
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 10 yrs 10 yrs		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 509 W. Coronado	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION St. Joseph's Hospital			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Margaret B. (MIDDLE) Sutcliffe C. (LAST) Sutcliffe			4. SEX Female
5. COLOR OR RACE White			
6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH 12 DAY 3 YEAR 74	8. AGE YEARS 74 MONTHS 4 DAYS 0	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) At Home
9B. KIND OF BUSINESS OR INDUSTRY At Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Chase, Kansas	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No No
13. SOCIAL SECURITY NO. None	14A. FATHER'S NAME Thomas J. Murphy	14B. BIRTHPLACE (STATE OR COUNTRY) Ireland	15A. MOTHER'S MAIDEN NAME Ellen ?
15B. BIRTHPLACE (STATE OR COUNTRY) Kentucky	16. INFORMANT'S SIGNATURE Lester B. Sutcliffe, 509 W. Coronado, PHX		17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 3 1949
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 CONTRACTIONS.			INTERVAL BETWEEN ONSET AND DEATH 6 mo.
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Congestive heart failure			
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) arteriosclerotic heart disease 10 yrs.			
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. DUE TO (c)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21C. (CITY OR TOWN) (COUNTY) (STATE)			
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 5 1949 TO April 3 1949 . THAT I LAST SAW THE DECEASED ALIVE ON April 3 1949 AND THAT DEATH OCCURRED AT 1:35 P.M. FROM THE CAUSE AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE Robert J. Lunn M.D.		23B. ADDRESS	
23C. DATE SIGNED 4-4-49			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 4-6-49	
24C. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona.	
25A. DATE REC'D BY LOCAL REG. 1 APR 8 1949		25B. REGISTRAR'S SIGNATURE M. Kerr Deputy	
25C. FUNERAL DIRECTOR'S SIGNATURE W. L. Murphy		25D. ADDRESS Whitney Funeral Home, 330 N 2nd A., PHX.	