

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3148

UNFILED
VERIFIED

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa	B. LENGTH OF STAY IN THIS TOWN 75 yrs IN ARIZONA 75 yrs <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa
	C. CITY OR TOWN Phoenix	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	C. CITY OR TOWN Phoenix <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Good Samaritan Hospital	D. STREET (IF RURAL, GIVE LOCATION) 1536 West Wilshire	E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>

PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) FRANK REDMOND TOOHEY	A. (FIRST) FRANK	B. (MIDDLE) REDMOND	C. (LAST) TOOHEY	4. SEX M	5. COLOR OR RACE white	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
	6B. NAME OF SPOUSE Anna	7. DATE OF BIRTH MONTH DAY YEAR 6 11 1888	8. AGE (IN YEARS) LAST BIRTHDAY 75	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) Retired Gen'l Foreman Water Department	
	9B. KIND OF BUSINESS OR INDUSTRY City of Phx.	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Phoenix Arizona	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) no	IF UNDER 24 HRS. HOURS MIN.	13. SOCIAL SECURITY NO. 526-22-3325	
	14A. FATHER'S NAME Redmond J Toohey	14B. BIRTHPLACE (STATE OR COUNTRY) Ireland	15A. MOTHER'S MAIDEN NAME Elizabeth Logan	15B. BIRTHPLACE (STATE OR COUNTRY) Ireland			

CAUSE OF DEATH (TEM 18)	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH:† ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	(A) Heart Failure		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	(B) Chronic Artiosclerosis (C) Chronic interstitial Nephritis (D) Fracture of left hip		

OPERATIONS, AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/23/46, 19____, TO 8/2/63, 19____, THAT I LAST SAW THE DECEASED ALIVE ON 8/2/63, 19____, AND THAT DEATH OCCURRED AT 8:20 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
	22A. SIGNATURE R. A. Shupe M. D.	22B. ADDRESS 1502 N. 12th St.

DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) Accidental	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 1536 W. Wilshire	23C. (CITY OR TOWN) (COUNTY) (STATE) Phoenix, Ariz
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 7 30 63 P M	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR? fell in home

CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE A. G. Flood Coroner	24B. ADDRESS West Phoenix Prec	24C. DATE SIGNED 8-6-63
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FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 8/6/63	25C. NAME OF CEMETERY OR CREMATORY St. Francis	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona
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26A. DATE REC. BY LOCAL REG. 8/6/63	26B. REGISTRAR'S SIGNATURE K. L. Johnston	27A. FUNERAL DIRECTOR'S SIGNATURE W. L. Thompson	27B. ADDRESS 330 N 2nd Ave
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28A. EMBALMER'S SIGNATURE H. L. Murphy	28B. EMBALMER'S CERT. NO. 141-A
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