

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2892

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1029

PLACE OF DEATH AND USUAL RESIDENCE 17 29 2238	1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		B. LENGTH OF STAY IN THIS TOWN   IN ARIZONA <b>35 yrs.   35 yrs.</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b>		B. COUNTY <b>Maricopa</b>				
	C. CITY OR TOWN <b>Phoenix</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Phoenix</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS				
PRECEDENT PERSONAL DATA 17 7 554	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>MARICOPA COUNTY GENERAL HOSPITAL</b>				D. STREET ADDRESS <b>1931 E. Roosevelt St.</b>						
	3. NAME OF DECEASED (TYPE OR PRINT) <b>MARGUERITE Katherine</b>		A. (FIRST)   B. (MIDDLE)   C. (LAST) <b>Fe.   White</b>		4. SEX <b>Fe.</b>		5. COLOR OR RACE <b>White</b>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>		
PERSONAL DATA 17 7 554	6B. NAME OF SPOUSE <b>None</b>		7. DATE OF BIRTH MONTH   DAY   YEAR <b>Nov.   25   1881</b>		8. AGE (IN YEARS LAST BIRTHDAY) <b>72</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>House wife</b>		9B. SOCIAL SECURITY NO. <b>Unk.</b>		
	9B. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Illinois</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>		13. SOCIAL SECURITY NO. <b>Unk.</b>		
PERSONAL DATA 17 7 554	14A. FATHER'S NAME <b>George Flaoh</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unk.</b>		15A. MOTHER'S MAIDEN NAME <b>Catherine Fisher</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unk.</b>		16. INFORMANT'S SIGNATURE <b>Mr. Walter Fields (son) San Francisco, Calif.</b>		
	17. DATE OF DEATH (MONTH)   (DAY)   (YEAR) <b>May   2   1954</b>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C) <b>1</b> THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) <b>Myocardial infarction</b> DUE TO (B) <b>Secondary closure</b> DUE TO (C) 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>		
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>April 14, 1954</b> TO <b>May 2, 1954</b> . THAT I LAST SAW THE DECEASED ALIVE ON <b>May 1, 1954</b> , AND THAT DEATH OCCURRED AT <b>12:25 a.m.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.										
	23A. SIGNATURE (DEGREE OR TITLE) <b>Richard O Flynn M.D.</b>				23B. ADDRESS <b>Maricopa Co. Hospital, Phoenix</b>		23C. DATE SIGNED <b>5-3-54</b>				
FUNERAL DIRECTOR AND REGISTRAR 85 2 135	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>May 5, 1954</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Greenwood Memorial Park</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Phoenix, Arizona</b>				
	25A. DATE REC'D BY LOCAL REG. <b>5/5/54</b>		25B. REGISTRAR'S SIGNATURE <b>Bonnie L. Johnston</b>		26. FUNERAL DIRECTOR'S SIGNATURE <b>James J. Stetler</b>		ADDRESS <b>310</b>				