

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

250

84806

File No. 21079
Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Phila
(b) City or borough or township Phila
(c) Name of hospital or institution: PHILADELPHIA GENERAL HOSPITAL
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Pa (b) County Phila
(c) City or town _____
(If outside city or town limits, write RURAL)
(d) Street No. 4013 Pine St.
(If rural give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) FULL NAME

Daniel Coogan

3. (b) If U. S. Veteran, complete reverse side of certificate
3. (c) Social Security No. _____

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 16th
(Month) (Day) (Year)
8. AGE: Years 66 Months _____ Days _____
If less than one day _____ hr. _____ min.

9. Birthplace Phila.
(City, town, or county) (State or foreign country)
10. Usual occupation Typist
11. Industry or business State Health Dept.

MOTHER FATHER

12. Name John Coogan
13. Birthplace Phila.
(City, town, or county) (State or foreign country)
14. Maiden name Euna Bowman
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Coogan
(b) Address 4013 Pine St
17. (a) Burial (b) Date thereof Nov. 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holy Cross

18. (a) Signature of funeral director J. Welshan
(b) Address 1032 Morris St

19. (a) Nov 2 1942 (b) _____
(Date received local-registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Oct day 28 year 1942 hour 10 minute 30
21. I hereby certify that I attended the deceased from Oct. 23, 1942 to Oct. 28, 1942 that I last saw him alive on Oct. 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Larynx
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) (Probably) 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 J. H. Cleary (M. D. or other)
Address 1032 Morris St Date signed 10.28.42

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.

Joseph U. ...