



DADE COUNTY

DEPARTMENT OF PUBLIC HEALTH

1350 N. W. FOURTEENTH STREET
MIAMI, FLORIDA 33125

MILTON S. SASLAW, MD, MPH,
DIRECTOR

CERTIFICATE OF DEATH FLORIDA

Department of Health and Rehabilitative Services
DIVISION OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. _____
REGISTRAR'S NO. **8954**

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
ELIZABETH				O'HALLORAN	FEMALE	JULY 25, 1972	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. WHITE		5a. 51	5b.	5c.	6. JAN. 25, 1921	7a. DADE	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. MIAMI		7c. NO		7d. BAPTIST HOSPITAL			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. NEW YORK		9. U.S.A.		10. MARRIED		11. EDWARD O'HALLORAN	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 095-14-4328		13a. CASHIER		13b. SUPER MARKET			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		
14a. FLORIDA		14b. DADE	14c. MIAMI BEACH		14d. YES 14e. 46 STAR ISLAND		

FIRST		MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST	MIDDLE	LAST
15. JAMES		KEENEN		16. BRIDGET	DALY		

INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. MR. EDWARD O'HALLORAN		17b. 46 STAR ISLAND, MIAMI BEACH, FLORIDA					

PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE		(a) Generalized metastatic carcinoma		
DUE TO, OR AS A CONSEQUENCE OF:		(b) Oat Cell carcinoma, Right Lung		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (c)				AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
				19a. NO	19b.

(Probably) ACCIDENT, SUICIDE OR HOMICIDE, OR UNDETERMINED (Specify)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20e.		20f.	20g.

CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM	12	27	'71	21b. TO	7	25	21c. 7	25	21d. Not	21e. 9:30A.M.	

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD	YEAR	HOUR
22a.		22b.	22c.	22d.	22e.
CERTIFIER NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)		
23a. DAVID L. Taylor	David L. Taylor	MD	23c. JULY 25, 1972		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
23d. 1106 PONCE DE LEON BLVD.		23e. CORAL GABLES, FLORIDA			

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE
24a. REMOVAL	24b. OCEAN VIEW CEMETERY	24c. STATEN ISLAND, NEW YORK		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP)			
24d. JULY 25, 1972	24e. BLASBERG CHAPEL, 720 71st ST., MIAMI BEACH, FLORIDA			
FUNERAL DIRECTOR SIGNATURE	REGISTRAR SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		
25a. Daniel M. Lincoln	25b. Elizabeth R. Emerson	25c. JULY 25, 1972		

I HEREBY CERTIFY THE ABOVE TO BE A TRUE COPY OF THE LOCAL REGISTRAR'S RECORD OF DEATH.

WARNING:
(Not valid unless the raised

Batrice Marchetti
DEPUTY