

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH

FLORIDA

72-013794

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

STATE FILE NO.

REGISTRAR'S NO.

720

DECEASED—NAME 1. CATHERINE C. DELANEY		SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. February 17, 1972
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) 4. White	AGE—LAST BIRTHDAY (YEARS) 5. 80	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Feb. 8, 1892	COUNTY OF DEATH 7. Palm Beach
CITY, TOWN, OR LOCATION OF DEATH 8. West Palm beach	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 9. Yes 10. 1401 South Flagler Drive		
STATE OF BIRTH (NOT IN U.S.A., NAME COUNTRY) 11. New York	CITIZEN OF WHAT COUNTRY 12. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 13. Widowed	SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) 14.
SOCIAL SECURITY NUMBER 15. 075-16-4060	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 16. Housewife	KIND OF BUSINESS OR INDUSTRY 17. Own Home	
RESIDENCE—STATE 18. Florida	COUNTY 19. Palm Beach	CITY, TOWN, OR LOCATION 20. West Palm Beach	STREET AND NUMBER (SPECIFY YES OR NO) 21. Yes 22. 1401 South Flagler Drive
FATHER—NAME (FIRST, MIDDLE, LAST) 23. James M. Mulligan		MOTHER—MARRIAGE NAME (FIRST, MIDDLE, LAST) 24. Mary Dougherty	
INFORMANT—NAME 25. Mary Delaney		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 26. 1401 South Flagler Drive, West Palm Beach, Fl. 33401	

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 27. 2 8 72	TO 28. 2 17 72	AND LAST SAW HIM/HER ALIVE ON 29. 2 16 72	I DID/DID NOT VIEW THE BODY AFTER DEATH 30. D.O.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, ONE TO THE CAUSE(S) STATED. 31. S.C.E.
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. 32. 				
CERTIFIER—NAME (TYPE OR PRINT) 33. Rudolph P. Scheerer, M.D.		SIGNATURE 34. <i>Rudolph P. Scheerer</i>	DEGREE OR TITLE 35. MD	DATE SIGNED (MONTH, DAY, YEAR) 36. 2/17/72
MAILING ADDRESS—CERTIFIER 37. 803 North Olive Avenue, West Palm Beach, Florida 33401				
BURIAL, CREMATION, REMOVAL (SPECIFY) 38. Removal	CEMETERY OR CREMATORY—NAME 39. Calvary Cemetery	LOCATION (CITY OR TOWN, STATE) 40. Queens County, L.I., New York		
DATE (MONTH, DAY, YEAR) 41. February 19, 1972	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 42. Knattlebaum-Hollenman-Burse, 1201 S. Olive Ave., W. Palm Beach, Fl 33401			
FUNERAL DIRECTOR'S SIGNATURE 43. <i>Charles H. O'Neil</i>	CERTIFIER'S SIGNATURE 44. <i>Rudolph P. Scheerer</i>	DATE RECEIVED BY LOCAL REGISTRAR 45. 2-17-72		

C. Neade Grijj, State Registrar

Date Issued: APR 03 2009

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



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CERTIFICATION OF VITAL RECORD



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VOID IF ALTERED OR ERASED

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