DEPT. OF HUMAN RESOURCES
VITAL RECORDS SECTION

1977 JAN 6 AM 8 21

DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN RESOURCES

CERTIFICATE OF DEATH

FILE DATE

FILE No. 77 00058

1. NAME OF DECEASED (Type or Print) First: William	Middle: Carroll	Last: Quigley	2a. DATE OF DEATH Month Day Year: January 3 1977	2b. Hour of Death: 9:55 pm			
3. SEX: Male	4. COLOR OR RACE: White	5. Never Married, Married, Widowed, Divorced: Specify: Married	6. DATE OF BIRTH: 11-9-1910	7. AGE (In years last birthday): 66	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.	

8. PLACE OF DEATH IN Washington, D.C.
NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (If not in institution, give street address): Georgetown University Hospital

9. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE
b. COUNTY
c. CITY: Washington, D.C.
e. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
3800 Reservoir Rd NW
d. STREET ADDRESS (If rural, give location): 4448 Greenwick Place, N.W.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
History Professor	Georgetown Univ.	Mass.	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF SURVIVING SPOUSE
William Quigley	Mary Carroll	Lillian F. Quigley

15. Ever in U. S. Armed Forces?	16. SOCIAL SECURITY NO.	17a. INFORMANT RELATIONSHIP TO DECEASED	17b. ADDRESS Street City State
no	578-44-1249	Wife - Lillian F. Quigley	- Same as #9

MEDICAL CERTIFICATION

18. CAUSE OF DEATH: (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Myocardial Infarction — Interval Between Onset and Death: 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — Years.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the terminal disease condition given in part I(a)

19a. AUTOPSY? YES OR NO	19b. If Yes, Were Findings Considered in Determining Cause of Death?
Yes	Yes

IF OPERATION WAS PERFORMED COMPLETE ITEMS 20a and 20b	20a. DATE OF OPERATION	20b. CONDITION FOR WHICH OPERATION WAS PERFORMED

21a. Specify if accident, suicide, homicide, or manner undetermined	21b. HOUR AND DATE OF INJURY: Month, Day, Year	21c. DESCRIBE HOW INJURY OCCURRED (Enter natuure of Injury in Part I or Part II)
	M	

21d. INJURY AT WORK: (Specify Yes or No)	21e. PLACE OF INJURY: (At Home, Farm, Factory, Street or Office Building, Etc.)	21f. LOCATION CITY	COUNTY	STATE

22. I certify that (I) (this hospital) attended the deceased from July, 1966, to 1/3, 1977, that (I) (we) last saw the deceased alive on 1-3, 1977, and that death occurred from the causes and on the date and hour stated above.

22c. SIGNATURE: Joseph P. Swift — ATTENDING PHYS. [X] MEDICAL DIRECTOR [ ] STAFF PHYS [ ] — 22b. DATE SIGNED: 1/5/77

22c PHYSICIAN'S NAME (Type): JOSEPH P. SWIFT, M.D. — 22d. ADDRESS: 5454 Wisconsin Ave

23a. BURIAL [ ] CREMATION [X] REMOVAL [ ]	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
	1-6-77	Cedar Hill Crematory	Suitland, Maryland

24. FUNERAL HOME ADDRESS	25a. UNDERTAKER'S SIGNATURE	25b. UNDERTAKER'S REGISTRATION NUMBER
DeVol Funeral Home, Washington, D.C.		682

REMARKS: Dr. Henry released body to GUH (DC Med Exam)

Census Tract No.

D.C. Birth No. (if less than 1 yr.)

Date Issued: JANUARY 6 1977

NOT VALID WITHOUT RAISED SEAL

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL CERTIFICATE FILED IN ORDER WITH THE VITAL RECORDS SECTION OF THE DEPARTMENT OF HUMAN RESOURCES, DISTRICT OF COLUMBIA.

John H. Crandall

John H. Crandall, Chief
Vital Records Section