

DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN RESOURCES

CERTIFICATE OF DEATH

77 00058

FILE DATE

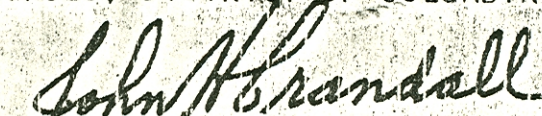
FILE NO.

1. NAME OF DECEASED (Type or Print) William Carroll Quigley			2a. DATE OF DEATH 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 Washington, D.C. b. COUNTY Washington, D.C. c. CITY Washington, D.C. e. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) History Professor				10b. KIND OF BUSINESS OR INDUSTRY Georgetown Univ.		11. BIRTHPLACE (State or foreign country) Mass.			
13a. FATHER'S NAME William Quigley			13b. MOTHER'S MAIDEN NAME Mary Carroll			14. NAME OF SURVIVING SPOUSE Lillian F. Quigley			
15. Ever in U.S. Armed Forces? no		16. SOCIAL SECURITY NO. 578-44-1249		17a. INFORMANT RELATIONSHIP TO DECEASED Wife - Lillian F. Quigley - Same as #9		17b. ADDRESS Street City State			
18. CAUSE OF DEATH: (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Auto Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the terminal disease condition given in part I(a)								Interval Between Onset and Death: 1 1/2 hrs. Years	
19a. AUTOPSY? YES OR NO YES				19b. If Yes, Were Findings Considered in Determining Cause of Death? 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 M		21c. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II)			
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 1-5-77 , and that death occurred from the causes and on the date and hour stated above.									
22a. SIGNATURE Joseph P. Swift				ATTENDING MEDICAL STAFF PHYS. ☒ DIRECTOR ☐ PHYS. ☐			22b. DATE SIGNED 1/5/77		
22c. PHYSICIAN'S NAME (Type) JOSEPH P. SWIFT, MD.				22d. ADDRESS 5454 Wisconsin Ave					
23a. BURIAL CREMATION REMOVAL ☐ ☒		23b. DATE 1-6-77		23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory		23d. LOCATION (City, town, or county) (State) Suitland, Maryland			
24. FUNERAL HOME ADDRESS DeVol Funeral Home Washington, D.C.				25a. UNDERTAKER'S SIGNATURE Samuel E. [Signature]		25b. UNDERTAKER'S REGISTRATION NUMBER 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, Chief
Vital Records Section