

CERTIFICATE OF DEATH

 STATE
FILE NO

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

 REGISTRATION
DISTRICT NO

1901

 REGISTRAR'S
NUMBER

17685

DECEDENT PERSONAL DATA (TYPE OR PRINT NAME)	1a. NAME OF DECEASED—FIRST NAME Helena			1b. MIDDLE NAME Cecelia			1c. LAST NAME Harrigan			2a. DATE OF DEATH—MONTH, DAY, YEAR Oct. 9-1954			2b. HOUR 2:40 P.M.				
	3. SEX Female		4. COLOR OR RACE White		5. MARRIED, WIDOWED, NEVER MARRIED, OR SINGLE Widowed		6. DATE OF BIRTH November 4, 1885			7. AGE (LAST BIRTHDAY) 68 YEARS		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES			
	8a. USUAL OCCUPATION (SEE REVERSE OF THIS CERTIFICATE) Housewife				8b. KIND OF BUSINESS OR INDUSTRY At Home				9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Michigan			10. CITIZEN OF WHAT COUNTRY United States					
	11. NAME AND BIRTHPLACE OF FATHER Matthew Dennison, Mass.					12. MAIDEN NAME AND BIRTHPLACE OF MOTHER Johanna Wall, New Jersey					13. NAME OF PRESENT SPOUSE (IF MARRIED)						
14. WAS DECEASED EVER IN U. S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN No										15. SOCIAL SECURITY NUMBER None			16. INFORMANT Mrs. Helen Orndorff				
PLACE OF DEATH	17a. COUNTY Los Angeles			17b. CITY OR TOWN Los Angeles			17c. LENGTH OF STAY IN THIS CITY OR TOWN 33 Years			17d. FULL NAME OF HOSPITAL OR INSTITUTION Queen of the Angels Hospital				17e. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS.) 2301 Bellevue Ave			
	18a. STATE California			18b. COUNTY Los Angeles			18c. CITY OR TOWN Los Angeles			18d. STREET OR RURAL ADDRESS (DO NOT USE P. O. BOX NUMBERS.) 124 So. Manhattan Place							
MEDICAL RESIDENCE DECEASED LIVED DURING LIFE (IF ADMITTED)	19a. CORONER. I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD THE BODY OF THE DECEASED AS REQUIRED BY LAW. Autopsy by Dr. J. J. ...										19b. PHYSICIAN. I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM HALL OF JUSTICE, LOS ANGELES						
	19c. SIGNATURE Dr. J. J. ...					19d. ADDRESS HALL OF JUSTICE, LOS ANGELES					19e. DATE SIGNED 10-21-54						
MEDICAL OFFICER'S CERTIFICATION	20a. SPECIFY BURIAL, CREMATION OR REMOVAL Burial			20b. DATE 10/13/54			20c. CEMETERY OR CREMATORY Calvary Cemetery			21. SIGNATURE OF EMBALMER (IF BODY EMBALMED). LICENSE NUMBER William H. Kelly 2847							
	22. FUNERAL DIRECTOR Cunningham & O'Connor, L.A.			23. DATE RECEIVED BY LOCAL REGISTRAR OCT 22 1954			24. SIGNATURE OF LOCAL REGISTRAR George M. ...										
CAUSE OF DEATH (ONLY ON THIS LINE FOR MURDER AND SUICIDE)	25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) SHOCK AND HEMORRHAGE										APPROXIMATE						
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST RUPTURE OF SPLEEN										INTERVAL BETWEEN ONSET AND DEATH						
OTHER CAUSES CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	26. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH																
	27a. DATE OF OPERATION					27b. MAJOR FINDINGS OF OPERATION					28. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
OTHER CAUSES CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	29a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE Accident			29b. PLACE OF INJURY (SEE REVERSE OF THIS CERTIFICATE) Street			29c. LOCATION (CITY OR TOWN) (COUNTY) (STATE) Los Angeles Los Angeles Calif.										
	29d. TIME OF INJURY 9-23-54 8:20			29e. HOW DID INJURY OCCUR? <input type="checkbox"/> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK Auto on Auto on Auto													

My Jesus have mercy on the soul of

RALPH M. HARRIGAN

BORN

JANUARY 18, 1897

AT REST

DECEMBER 28, 1974

O GENTLEST Heart of Jesus, ever present in the Blessed Sacrament, ever consumed with burning love for the poor captive souls in Purgatory, have mercy on the soul of Thy departed servant. Be not severe in Thy judgment, but let some drops of Thy precious blood fall upon the devouring flames, and do Thou, O merciful Saviour, send Thy angels to conduct Thy departed servant to a place of refreshment, light and peace. Amen.

May the souls of all the faithful departed, through the mercy of God, rest in peace. Amen.

Merciful Jesus grant eternal rest.

DIGGS FUNERAL HOME
MARION, INDIANA

CALVARY CEMETERY AND MAUSOLEUM

4201 WHITTIER BOULEVARD
LOS ANGELES 23, CALIFORNIA
AN. 1-3106

Name of Deceased

Joseph E Harrigan

Date of Death

Month

Day

Year

Age

9 - 11 63

Grave

Tier

Lot

Section

8

801

P

Curk 1024

Next 4 to Lane Dr. Hayes
(Left side)

Department of Health

CITY OF LOS ANGELES

DIVISION OF VITAL STATISTICS

CERTIFIED COPY OF LOCAL RECORD

This is to Certify that the attached is a full, true and correct copy of

the certificate of Birth Death

of Helena Cecelia Hangan

which is on file in this office, and of which I am the legal custodian.

In Testimony Whereof witness my hand and seal of office, at Los

Angeles, California, this 10th day of May, 1955

Fee \$1.00

George W. Uhl. M. D.

Registrar of Vital Statistics

PAID

By

Jasper Robinson
Deputy Registrar

1

No.

568550

1 80 00

GRANT COUNTY
DEPARTMENT OF HEALTH
MARION, INDIANA

Nº 1105

Certificate of Death

THIS CERTIFIES, that according to the records of this Department

NAME..... JOS. P. HARRIGAN

died in Marion, Grant County, Indiana, on..... March 5, 1906..... Age..... 53

Cause of death..... Cirrhosis of liver

Attending physician..... E.O. Harrold, M.D. Place of burial not stated

Registered No..... 33..... Funeral director not stated

EUGENE S. RIFNER, M.D.

Health Commissioner

(SEAL)

Eugene S. Rifner, M.D.
Registrar of Vital Statistics

Issued..... June 2, 1976



O God, whose property it is
ever to have mercy and to spare,
we humbly beseech Thee in be-
half of the soul of Thy servant
Joseph, whom Thou hast called out
of this world this day; that Thou
wouldest not deliver him into the
hands of the enemy, nor forget him
forever, but command the holy angels
to take him and lead him into
our home in paradise; that having
his hope and trust in Thee he
may not endure the pains of hell,
but come to the possession of eternal
joy. Through our Lord Jesus
Christ Thy Son, who with Thee liv-
est and reignest in the unity of the
Holy Ghost, God, world without end.
Amen

In Memoriam

Joseph Edward Harrigan

Born

Marion, Indiana

July 15th, 1881

Passed Away

Los Angeles, California

September 13th, 1944

Recitation of the Rosary at

Armstrong Family Mortuary

Friday, September 15th, 8:30 p.m.

Requiem Mass At

St. Vibiana's Cathedral

Saturday, September 16th, 9:00 a.m.

Interment

Calvary Cemetery



PATRICK J. HARRIGAN
FEB. 15, 1858 - MAR. 5, 1906
Aged 53 Yrs. 18 Ds.

AT REST

HARRIGAN

POST CARD

CORRESPONDENCE

NAME AND ADDRESS

PLACE
POSTAGE



STAMP
HERE