

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1105

1. PLACE OF DEATH A. COUNTY Pima	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA Since 1941		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)		
	C. CITY OR TOWN Tucson	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	A. STATE Arizona	B. COUNTY Pima	
D. FULL NAME OF HOSPITAL OR INSTITUTION Southern Pacific Hospital			D. STREET ADDRESS 216 East Palmdale		
3. NAME OF DECEASED A. (FIRST) JAMES B. (MIDDLE) A. C. (LAST) FOOTE			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Nancy		7. DATE OF BIRTH MONTH DAY YEAR 11 27 97	8. AGE (IN YEARS LAST BIRTHDAY) 57	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
9B. KIND OF BUSINESS OR INDUSTRY S.P.R.R. Co.	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	11. CITIZEN OF WHAT COUNTRY? U.S.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes	IF YES, WAR OR DATES OF SERVICE World War One	13. SOCIAL SECURITY NO. 515-01-4873
14A. FATHER'S NAME Al Foote		14B. BIRTHPLACE (STATE OR COUNTRY)	15A. MOTHER'S MAIDEN NAME		15B. BIRTHPLACE (STATE OR COUNTRY)
16. INFORMANT'S SIGNATURE Nancy Foote			ADDRESS Tucson, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) SEPTEMBER 19, 1955
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. _____ WHICH CAUSED DEATH. _____ WHICH CAUSED DEATH.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ‡ ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.			MEDICAL CERTIFICATION (A) <i>Bilateral neurogenic sarcoma of adrenal glands</i> DUE TO (B) _____ DUE TO (C) _____	
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. _____ WHICH CAUSED DEATH.			INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7-15-55, 19___, TO 9-19-55, 19___, THAT I LAST SAW THE DECEASED ALIVE ON 9-19-55, 19___, AND THAT DEATH OCCURRED AT 7:15 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE <i>W.C. Johnson M.D.</i>			22B. ADDRESS Southern Pacific Hospital		22C. DATE SIGNED 9-20-55
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE X		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 9-22-55	25C. NAME OF CEMETERY OR CREMATORY South Lawn Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona
26A. DATE REC. BY LOCAL REG. 9-21-55		26B. REGISTRAR'S SIGNATURE <i>[Signature]</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
				27B. ADDRESS Arizona Mortuary Tucson, Arizona	