J. Secrist, M. D.
S. Stone

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6906

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1357

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 5 Yrs. IN ARIZONA: 5 Yrs.
C. CITY OR TOWN: Tucson ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4664 East 5th. Street

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pima
C. CITY OR TOWN: Tucson ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 4664 East 5th. Street

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Emmons B. (MIDDLE): Harlow C. (LAST): Brown

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Minnie Brown
7. DATE OF BIRTH — MONTH: July DAY: 5 YEAR: 1891
8. AGE (IN YEARS LAST BIRTHDAY): 64 Yrs.
IF UNDER 1 YEAR — MONTHS: – DAYS: –
IF UNDER 24 HRS. — HOURS: – MIN.: –
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Mill wright
9B. KIND OF BUSINESS OR INDUSTRY: Furniture
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Chicago, Illinois
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): W. W. I
13. SOCIAL SECURITY NO.: 333-09-4754
14A. FATHER'S NAME: Herbert Brown
14B. BIRTHPLACE (STATE OR COUNTRY): Connecticut
15A. MOTHER'S MAIDEN NAME: Susan Harlow
15B. BIRTHPLACE (STATE OR COUNTRY): Vermont
16. INFORMANT'S SIGNATURE: Minnie Brown ADDRESS: 4664 E. 5th St
17. DATE OF DEATH (MONTH) (DAY) (YEAR): November 23, 1955

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (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.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Adeno-Carcinoma of Prostate c̄ metastasis — INTERVAL BETWEEN ONSET AND DEATH: 1+ years.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Brain Tumor? Primary or metastatic? — 1+ years

19A. DATE OF OPERATION: Oct. 19, 1955
19B. MAJOR FINDINGS OF OPERATION: Adeno-Carcinoma of Prostate.
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept. 22, 1954 TO Nov. 23, 1955 THAT I LAST SAW THE DECEASED ALIVE ON Nov. 23, 1955 AND THAT DEATH OCCURRED AT 3 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Delbert R. Secrist (DEGREE OR TITLE) M. D.
22B. ADDRESS: 123 South Stone Ave., Tucson, Ariz.
22C. DATE SIGNED: 11-25-55

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Nov. 26, 1955
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.: 11-25-55
26B. REGISTRAR'S SIGNATURE: Irwin H. Oakin
27A. FUNERAL DIRECTOR'S SIGNATURE: Howard A. Bring
27B. ADDRESS: Bring's Funeral Home, Tucson, Arizona.

FORM VS-2 REV. 8-1-55 AMPCO 8-54 15M 79574