ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1269

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 198

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 9 yrs; IN ARIZONA: 9 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): 314 W. MacArthur

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): 3714 So. 6th. Ave.

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Carl
B. (MIDDLE): Hickman
C. (LAST): Jarvis

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE: - - - - -
7. DATE OF BIRTH — MONTH: Nov. DAY: 13 YEAR: 1884
8. AGE (IN YEARS LAST BIRTHDAY): 71
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): Electrician
9B. KIND OF BUSINESS OR INDUSTRY: Electrical
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): W. Virginia
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE): - - - - - -
13. SOCIAL SECURITY NO.: not known
14A. FATHER'S NAME: Solomon R. Jarvis
14B. BIRTHPLACE (STATE OR COUNTRY): W. Virginia
15A. MOTHER'S MAIDEN NAME: M. Laverna Hickman
15B. BIRTHPLACE (STATE OR COUNTRY): W. Virginia
16. INFORMANT'S SIGNATURE: Mrs. Mamie Gridley — ADDRESS: 1832 E. 9th St.
17. DATE OF DEATH — (MONTH): February (DAY): 10 (YEAR): 1956

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.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A): Gunshot wound of head — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

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
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION: Seen after death
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Seen after death, 19__, TO _____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19__, AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Geo Hartman (DEGREE OR TITLE) MD
22B. ADDRESS: Tucson Arizona
22C. DATE SIGNED: 2/10/56

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Suicide
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Near Street
23C. (CITY OR TOWN) (COUNTY) (STATE): Tucson Pima Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 2-10-56 12:01 PM
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Self inflicted gun shot wound

24A. CORONER'S SIGNATURE: Clark R. Johnson
24B. ADDRESS: Precinct No. 2, Tucson, Ariz.
24C. DATE SIGNED: 2/ /56

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 2/18/56
25C. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona

26A. DATE REC. BY LOCAL REG.: 2-15-56
26B. REGISTRAR'S SIGNATURE: Doris H. Oakes Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Howard A. Bring
27B. ADDRESS: Bring's Funeral Home, Tucson, Arizona

FORM VS-2 REV. 6-1-55 AMPCO 6-54 15M 79673

: OF DEATH AND 82
. RESIDENCE
CEDENT 4
RSONAL DATA 171 4 256
976X
CAUSE OF DEATH (ITEM 18) 0 0
RATIONS, UTOPSY 1
EDICAL IFICATION 1
RONER'S IFICATION 5
UNERAL RECTOR AND GISTRAR 55 1 109