ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0587

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 29

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY: IN THIS TOWN 4 yrs. IN ARIZONA same
C. CITY OR TOWN: Tucson — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Mary's Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pima
C. CITY OR TOWN: Tucson — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 805N. Crest Lomas Dr
E. IS RESIDENCE ON A FARM? NO [ ]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) MARY-BELLE B. (MIDDLE) R. C. (LAST) JONES
4. SEX: Fem.
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: JOHN PAUL
7. DATE OF BIRTH: MONTH 4 DAY 19 YEAR '96
8. AGE (IN YEARS LAST BIRTHDAY): 60 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): At Home
9B. KIND OF BUSINESS OR INDUSTRY: Housewife
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): St. Paul, Minn. U.S.A.
11. CITIZEN OF WHAT COUNTRY?
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.: None
14A. FATHER'S NAME: Lewis A. Robinson
14B. BIRTHPLACE (STATE OR COUNTRY): New York
15A. MOTHER'S MAIDEN NAME: Lucy Gault
15B. BIRTHPLACE (STATE OR COUNTRY): New York
16. INFORMANT'S SIGNATURE: John Paul Jones
ADDRESS
17. DATE OF DEATH (MONTH) January (DAY) 6th, (YEAR) 1957

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) Massive Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days.

ANTECEDENT CAUSES. MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Ruptured cerebral vessel — 6 days.
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension — years.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____, 19 52, TO 1/6, 19 57, THAT I LAST SAW THE DECEASED ALIVE ON 1/6, 19 57, AND THAT DEATH OCCURRED AT 6:00 P.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Leo J. Kent M.D.
DEGREE OR TITLE
22B. ADDRESS: 3131 E. 2nd St.
22C. DATE SIGNED: 1/8/57

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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 1/9/57
25C. NAME OF CEMETERY OR CREMATORY: South Lawn Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 1-9-57
26B. REGISTRAR'S SIGNATURE: [illegible] Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: REILLY FUNERAL HOME
27B. ADDRESS: Tucson, Arizona
28. EMBALMER'S SIGNATURE: By: Chris O'Reilly
28B. EMBALMER'S CERT. NO. 216

FORM VS-2 REV. 3-15-55