ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0594

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 33

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 73 Yrs; IN ARIZONA: 73 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): Pima County Hospital

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): 44 West Cerrada
E. IS RESIDENCE ON A FARM? ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Flavia
B. (MIDDLE):
C. (LAST): Leese

4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: Luis
7. DATE OF BIRTH — MONTH: ? DAY: ? YEAR:
8. AGE (IN YEARS LAST BIRTHDAY): 87
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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
11. CITIZEN OF WHAT COUNTRY? USA
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: Unknown
14B. BIRTHPLACE (STATE OR COUNTRY): Mexico
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE: Julia Rebell — ADDRESS: Tucson, Arizona
17. DATE OF DEATH — (MONTH): January (DAY): 6 (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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Fracture femur — 28 hr.
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: 12-7-56
19B. MAJOR FINDINGS OF OPERATION: Comminuted
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12/9/56, 19__, TO 1/6/57, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 1/6/57, 19__, AND THAT DEATH OCCURRED AT 10:45 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Frank J. Gear M.D.
22B. ADDRESS: Pima County Hospital Tucson
22C. DATE SIGNED: 1/8/57

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): At home
23C. (CITY OR TOWN) (COUNTY) (STATE): Tucson Pima Ariz.
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): Dec. 5, 1856 M
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? FALL AT HOME ON FLOOR

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 1/9/57
25C. NAME OF CEMETERY OR CREMATORY: Holy Hope Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson Pima Arizona
26A. DATE REC. BY LOCAL REG.: 1-7-57
26B. REGISTRAR'S SIGNATURE: Clarence H. Oakley
27A. FUNERAL DIRECTOR'S SIGNATURE: Tucson Mortuary Leo Espinello
27B. ADDRESS: 204 S Stone Ave
28. EMBALMER'S SIGNATURE: Neil R. Green
28B. EMBALMER'S CERT. NO.: 186

FORM VS-2 REV. 3-15-55 [illegible]

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L RESIDENCE
0717
DECEDENT 1
PERSONAL 3
DATA 187
8
157
CAUSE OF DEATH (ITEM 18) 0
0
ERATIONS, AUTOPSY 4
MEDICAL TIFICATION 44 11 2 2
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S TIFICATION 1
FUNERAL DIRECTOR AND EGISTRAR 55 1
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