ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6224

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1544

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 1920 — IN ARIZONA: 1920
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): 2832 N. Cherry

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz. B. COUNTY: Pima
C. CITY OR TOWN: Tucson — X IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 2832 N. Cherry (IF RURAL, GIVE LOCATION) — DO YOU RESIDE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST): Judith B. (MIDDLE): ? C. (LAST): Henderson
4. SEX: Fem. 5. COLOR OR RACE: White 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: Deceased
7. DATE OF BIRTH — MONTH: July DAY: 1 YEAR: 1867
8. AGE (IN YEARS LAST BIRTHDAY): 90 — 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): Ireland
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.: none
14A. FATHER'S NAME: Timothy Goodwin
14B. BIRTHPLACE (STATE OR COUNTRY): Ireland
15A. MOTHER'S MAIDEN NAME: unknown
15B. BIRTHPLACE (STATE OR COUNTRY): unknown
16. INFORMANT'S SIGNATURE: Francis G. Dillman — ADDRESS:
17. DATE OF DEATH — (MONTH): September (DAY): 12, (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) Hemorrhage, spontaneous
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Gastric ulcer
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
INTERVAL BETWEEN ONSET AND DEATH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 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 M.D. (DEGREE OR TITLE)
22B. ADDRESS: Tucson Arizona
22C. DATE SIGNED: 9/13/57

23A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NATURAL CAUSE ☒ (SPECIFY): Natural Causes
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): ~~Home - 2832 N. Cherry~~
23C. (CITY OR TOWN) (COUNTY) (STATE): ~~Tucson, Pima, Arizona~~
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M: ~~9-12-57~~
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? ~~Homorrhage, spontaneous~~

24A. CORONER'S SIGNATURE: Clark B. Johnson
24B. ADDRESS: Court House, Room 6
24C. DATE SIGNED: 9-13-57

25A. BURIAL ☐ CREMATION X REMOVAL ☐
25B. DATE: 9-14-57
25C. NAME OF CEMETERY OR CREMATORY: South awn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Ariz.
26A. DATE REC. BY LOCAL REG.: 9-13-57
26B. REGISTRAR'S SIGNATURE: Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Roscoe R Turner
27B. ADDRESS: Parker-Kerr Mortuary
28. EMBALMER'S SIGNATURE: Dale H. Carlstedt
28B. EMBALMER'S CERT. NO.: 368-A

FORM VS-2 REV. 3-1-56 [illegible]

E OF DEATH 11
Y AND 44
L RESIDENCE X-
1
2
DECEDENT 3
ERSONAL 90
DATA 9
957
5400
CAUSE OF DEATH (ITEM 18) 0
0
ERATIONS, AUTOPSY 1
MEDICAL TIFICATION 4
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION 5
UNERAL IRECTOR AND EGISTRAR 55
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