ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1578

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 332

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY IN THIS TOWN: 3 Mos. IN ARIZONA: 3 Mos.
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): 2430 N. Sparkman

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Canada
B. COUNTY:
C. CITY OR TOWN: Wiarton — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: ---
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Mary B. (MIDDLE): Jane C. (LAST): Boyd
4. SEX: Fem.
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Glover
7. DATE OF BIRTH: MONTH 7 DAY 27 YEAR 07
8. AGE (IN YEARS LAST BIRTHDAY): 50 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ireland
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): --- (IF YES, WAR OR DATES OF SERVICE): ---
13. SOCIAL SECURITY NO.: ---
14A. FATHER'S NAME: Unk.
14B. BIRTHPLACE (STATE OR COUNTRY): Ireland
15A. MOTHER'S MAIDEN NAME: Unk.
15B. BIRTHPLACE (STATE OR COUNTRY): Ireland
16. INFORMANT'S SIGNATURE: Glover Boyd, ADDRESS: Tucson, Arizona
17. DATE OF DEATH: (MONTH) February (DAY) 24, (YEAR) 1958

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) Cerebral embolus — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Rheumatic heart disease — ? yrs.
DUE TO (C)

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

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec. 16, 1957 TO Jan. 21, 1958, THAT I LAST SAW THE DECEASED ALIVE ON Jan. 20, 1958, AND THAT DEATH OCCURRED AT 7:00 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Mayer Hyman (DEGREE OR TITLE) M. D.
22B. ADDRESS: 1132 N. County Club Bd.
22C. DATE SIGNED: 2/24/58

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 2/27/58
25C. NAME OF CEMETERY OR CREMATORY: Grantwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC'D BY LOCAL REGISTRAR: 2/25/58
26B. REGISTRAR'S SIGNATURE: [illegible] Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: Arizona Mortuary
28. EMBALMER'S SIGNATURE: Pablo S. Cota
28B. EMBALMER'S CERT. NO.: 349

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