ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7503

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1570

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY: IN THIS TOWN 27 yrs. IN ARIZONA 27 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): 2035 E. Edison

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: 2035 E. Edison
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) HUGH B. (MIDDLE) HANEY C. (LAST) WILSON

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Mary M. Wilson
7. DATE OF BIRTH: MONTH Nov. DAY 1h YEAR 1890
8. AGE (IN YEARS LAST BIRTHDAY): 67
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): Chiropractor
9B. KIND OF BUSINESS OR INDUSTRY: - - - -
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Pennsylvania
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS GIVE DATES OF SERVICE): Yes 7/27/17 - 5/13/19
13. SOCIAL SECURITY NO. 527-52-0365
14A. FATHER'S NAME: Ellis Wilson
14B. BIRTHPLACE (STATE OR COUNTRY): Pennsylvania
15A. MOTHER'S MAIDEN NAME: Mary Ellen Haney
15B. BIRTHPLACE (STATE OR COUNTRY): Pennsylvania
16. INFORMANT'S SIGNATURE: Jack R. Wilson — ADDRESS:
17. DATE OF DEATH: (MONTH) October (DAY) 29 (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) Sepsis and Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: approx. 1 week
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B): Purulent Bronchitis and Pleural Effusion — approx. 6 wks.
DUE TO (C): Bronchogenic Carcinoma — Unknown
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: --- — ---

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 1, 1958 TO October 29 1958, THAT I LAST SAW THE DECEASED ALIVE ON Oct. 29 1958, AND THAT DEATH OCCURRED AT 12:16 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Earnest L. Olawson (DEGREE OR TITLE) D. O.
22B. ADDRESS: 3013 No. 1st. Ave., Tucson, Ariz.
22C. DATE SIGNED: 10/30/58

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: 11/1/58
25C. NAME OF CEMETERY OR CREMATORY: South Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 10-31-58
26B. REGISTRAR'S SIGNATURE: Jessie H. Coffey, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Howard A. Bring
27B. ADDRESS: Bring's Funeral Home, Tucson, Arizona
28. EMBALMER'S SIGNATURE: Howard A. Bring
28B. EMBALMER'S CERT. NO. 222

FORM VS-2 REV. 3-15-58

E OF DEATH AND L RESIDENCE
ECEDENT ERSONAL DATA
CAUSE OF DEATH (ITEM 18)
ERATIONS UTOPSY
MEDICAL TIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION
UNERAL IRECTOR AND EGISTRAR