

0707
152

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH (AND RESIDENCE)	1. PLACE OF DEATH A. COUNTY <u>Pima</u>		B. LENGTH OF STAY IN THIS TOWN <u>8 MOS</u> IN ARIZONA <u>8 MOS</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u> B. COUNTY <u>Pima</u>			
	C. CITY OR TOWN <u>Tucson</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Tucson</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>624 S Railroad Ave.</u>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>624 S Railroad Ave.</u>			E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED A. (FIRST) <u>Susan</u> B. (MIDDLE) <u>(Thereault)</u> C. (LAST) <u>Terrio</u>			4. SEX <u>female</u>	5. COLOR OR RACE <u>white</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>widowed</u>		
	6B. NAME OF SPOUSE ---		7. DATE OF BIRTH MONTH <u>Oct</u> DAY <u>10</u> YEAR <u>1881</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>77</u>	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) <u>housewife</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>home</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Newfoundland</u>	11. CITIZEN OF WHAT COUNTRY? <u>?</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>no</u>	13. SOCIAL SECURITY NO. <u>none</u>			
OPERATIONS AUTOPSY	14A. FATHER'S NAME <u>Eli Hutchins</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Canada</u>	15A. MOTHER'S MAIDEN NAME <u>unknown</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>unknown</u>		
	16. INFORMANT'S SIGNATURE <u>Miss M. Edwards</u>			ADDRESS <u>Tucson</u>	17. DATE OF DEATH (MONTH) <u>January</u> (DAY) <u>20</u> (YEAR) <u>1959</u>			
	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, ASTHMA, 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) <u>Dianhia, Etiology unknown</u> DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Hemolytic anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>?</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1/25</u> <u>1959</u> TO <u>1/26</u> <u>1959</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>1/26</u> <u>1959</u> , AND THAT DEATH OCCURRED AT <u>11 AM</u> .							
	22A. SIGNATURE <u>W. R. Baldwin</u>			(DEGREE OR TITLE) <u>M. D.</u>	22B. ADDRESS <u>Tucson Arizona</u>		22C. DATE SIGNED <u>1/26/59</u>	
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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED		
	25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Jan. 27/59</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Pine Grove Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Middletown, Conn.</u>	
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. <u>1-28-59</u>		26C. REGISTRAR'S SIGNATURE <u>James H. Cady</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Kerr Mortuary</u>		27B. ADDRESS <u>Tucson, Arizona</u>	
	26B. REGISTRAR'S SIGNATURE <u>James H. Cady</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Kerr Mortuary</u>		27B. ADDRESS <u>Tucson, Arizona</u>		28B. EMBALMER'S CERT. NO. <u>374A</u>	

208