

3289
746

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

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| 52 OF DEATH AND X - RESIDENCE X - | 1. PLACE OF DEATH A. COUNTY Pima | B. LENGTH OF STAY IN THIS TOWN Sept. '58 IN ARIZONA Sept. '58 | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Michigan B. COUNTY Chippewa | |
| | C. CITY OR TOWN Tucson | <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | C. CITY OR TOWN Sault Ste. Marie | <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS |
| | D. FULL NAME OF HOSPITAL OR INSTITUTION 414 West 42nd Street | | D. STREET (IF RURAL GIVE LOCATION) ADDRESS 834 Sheridan Drive | |

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| IDENT PERSONAL DATA 133 4 459 | 3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Genevieve B. (MIDDLE) M. C. (LAST) Sage | 4. SEX Fem. | 5. COLOR OR RACE White | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married |
| | 6B. NAME OF SPOUSE Francis J. | 7. DATE OF BIRTH MONTH Oct. DAY 20 YEAR 1925 | 8. AGE (IN YEARS LAST BIRTHDAY) 33 | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife |
| | 9B. KIND OF BUSINESS OR INDUSTRY None | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Sault Ste. Marie, Mich. | 11. CITIZEN OF WHAT COUNTRY? U. S. A. | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No |

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| 1761 CAUSE OF DEATH (EM 18) | 14A. FATHER'S NAME Louis A. DeVerse | 14B. BIRTHPLACE (STATE OR COUNTRY) Mich. | 15A. MOTHER'S MAIDEN NAME Marie G. Holmes | 15B. BIRTHPLACE (STATE OR COUNTRY) Mich. |
| | 16. INFORMANT'S SIGNATURE Francis J. Sage, 414 W. 42 St. Tucson, Ariz. | | 17. DATE OF DEATH (MONTH) April (DAY) 30th (YEAR) 1959 | |
| | 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: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (A) Acute Coronary Disease DUE TO (B) Cardiac Decompensate DUE TO (C) Coe Pulmonale II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchitis | |

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| OPERATIONS TOPSY | 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 6, 1959 TO Apr. 30, 1959 THAT I LAST SAW THE DECEASED ALIVE ON Apr. 24, 1959 AND THAT DEATH OCCURRED AT 1:25 P. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | |
| | 22A. SIGNATURE Charles E. Sage M.D. | 22B. ADDRESS 2215 A. 6th Ave. | 22C. DATE SIGNED 5/5/59 |

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| 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 | 23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 23F. HOW DID INJURY OCCUR? |
| | 24A. CORONER'S SIGNATURE | 24B. ADDRESS | 24C. DATE SIGNED |

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| GENERAL RECORD AND REGISTRAR | 25A. BURIAL <input type="checkbox"/> CREATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/> | 25B. DATE 5/2/59 | 25C. NAME OF CEMETERY OR CREMATORY Riverside Cemetery | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Sault Ste. Marie, Mich. |
| | 26A. DATE REC'D 5-5-59 | 26B. REGISTRAR'S SIGNATURE Genevieve Sage | 27A. FUNERAL DIRECTOR'S SIGNATURE Charles E. Sage | 27B. ADDRESS Tucson, Arizona |
| | 28A. EMBALMER'S SIGNATURE By: Charles E. Cooke | | | 28B. EMBALMER'S CERT. NO. 378-A |