

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1096

OF DEATH AND RESIDENCE 15 51 1305	1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN 7-4-59 IN ARIZONA 1922		2. USUAL RESIDENCE A. STATE Arizona B. COUNTY Yuma			
	C. CITY OR TOWN Tucson		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Yuma		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Southern Pacific Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 1327 E. 25th Place		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CEDENT 1 1 42 4 759	3. NAME OF DECEASED A. (FIRST) Edward B. (MIDDLE) W. C. (LAST) Patterson			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
	6B. NAME OF SPOUSE Barbara		7. DATE OF BIRTH MONTH DAY YEAR Sept 19 1916	8. AGE (IN YEARS LAST BIRTHDAY) 42	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 MRS. MRS.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Engineer	
	9B. KIND OF BUSINESS OR INDUSTRY S.P.R.R.	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Vera, Texas	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No	13. SOCIAL SECURITY NO. 526 09 9994			
	14A. FATHER'S NAME Henry A. Patterson		14B. BIRTHPLACE (STATE OR COUNTRY) Texas	15A. MOTHER'S MAIDEN NAME Etha Taylor		15B. BIRTHPLACE (STATE OR COUNTRY) Texas		
CAUSE OF DEATH (ITEM 18) 0	16. INFORMANT'S SIGNATURE <i>Barbara Patterson</i>			ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 10th, 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: (A) Bronchogenic Carcinoma with Cerebral Metastasis DUE TO (B) 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 One month	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
RATIONS, AUTOPSY 1	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 4, 1959, TO July 10, 1959, THAT I LAST SAW THE DECEASED ALIVE ON July 10, 1959, AND THAT DEATH OCCURRED AT 12:22 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE <i>W. P. J. [Signature]</i> M.D.			22B. ADDRESS Tucson, Arizona		22C. DATE SIGNED 7/14/59		
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?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED		
	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE 7/13/59		25C. NAME OF CEMETERY OR CREMATORY Memory Lane Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona	
FUNERAL DIRECTOR AND REGISTRAR 2	26A. DATE REC'D BY LOCAL REGISTRAR 7-14-59		26B. REGISTRAR'S SIGNATURE <i>[Signature]</i>		27A. FUNERAL DIRECTOR'S SIGNATURE REILLY FUNERAL HOME		27B. ADDRESS Phoenix, Arizona	
	28A. EMBALMER'S SIGNATURE By: Charles E. Brooke				28B. EMBALMER'S CERT. NO. 378-A			