Punched

Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8763

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1816

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 2 yrs; IN ARIZONA: 2 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): Pima County Hospital

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 (IF RURAL, GIVE LOCATION): 1919 S. Santa Rita
E. IS RESIDENCE ON A FARM? YES ☐ NO ■

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Isabell B. (MIDDLE) A. C. (LAST) Betters

4. SEX: Female
5. COLOR OR RACE: Negro
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Leroy Betters
7. DATE OF BIRTH — MONTH: Dec DAY: 31 YEAR: 1896
8. AGE (IN YEARS LAST BIRTHDAY): 62 — 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: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: ?
14A. FATHER'S NAME: Calvin Moore
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Sallie Moore
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Leroy Betters — ADDRESS: 1919 S. Santa Rita
17. DATE OF DEATH: (MONTH) November (DAY) 26 (YEAR) 1959

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH — MEDICAL CERTIFICATION
(A) Gas gangrene of Foot — INTERVAL BETWEEN ONSET AND DEATH: 1 mo
DUE TO (B) Diabetes Mellitus — 7 yrs
DUE TO (C)

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

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.

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

19A. DATE OF OPERATION: 11-26-59
19B. MAJOR FINDINGS OF OPERATION: Gas gangrene left foot
20. AUTOPSY? YES ■ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-24-, 1959, TO 11-26-, 1959, THAT I LAST SAW THE DECEASED ALIVE ON 11-26-, 1959, AND THAT DEATH OCCURRED AT 2130 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE) M.D.
22B. ADDRESS: Pima County Hospital
22C. DATE SIGNED: 11/27/59

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 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: 11/30/59
25C. NAME OF CEMETERY OR CREMATORY: South Lawn Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 12-2-59
26B. REGISTRAR'S SIGNATURE: [signature] Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature] Adair Funeral Home
27B. ADDRESS: Tucson, Arizona
28A. EMBALMER'S SIGNATURE: Arthur J. Adair
28B. EMBALMER'S CERT. NO.: 260-A

FORM VS-2 REV. 3-10-55 15M AMPCO 22509

CE OF DEATH 5 AND 1/1 AL RESIDENCE 0217 1 6 DECEDENT PERSONAL DATA 162 4 X59 260X CAUSE OF DEATH (ITEM 18) 0 0 PERATIONS, AUTOPSY 1 MEDICAL CERTIFICATION 1 2 DEATH DUE TO EXTERNAL VIOLENCE CORONER'S CERTIFICATION FUNERAL DIRECTOR AND REGISTRAR 55 2 162