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Verified P

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9709

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1851

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 10 yrs; IN ARIZONA: 10yrs
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): 2326 N. Walnut

2. USUAL RESIDENCE (WHERE DECEASED LIVES. 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): 2326 N. Walnut
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Frank B. (MIDDLE) C. (LAST) Therriault
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Eva E.
7. DATE OF BIRTH — MONTH: 7 DAY: 7 YEAR: 93
8. AGE (IN YEARS LAST BIRTHDAY): 66 yrs. 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): Retired Army
9B. KIND OF BUSINESS OR INDUSTRY: Army
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New Hampshire
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): WW2
13. SOCIAL SECURITY NO.: ---
14A. FATHER'S NAME: Michael Therriault
14B. BIRTHPLACE (STATE OR COUNTRY): Canada
15A. MOTHER'S MAIDEN NAME: ---
15B. BIRTHPLACE (STATE OR COUNTRY): Canada
16. INFORMANT'S SIGNATURE: Mrs. Eva E. Therriault — ADDRESS: Tucson, Ariz.
17. DATE OF DEATH — MONTH: December DAY: 5, 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, 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) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Acute Pneumonitis
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Osteoarthritis

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec. 4, 1959 TO Dec. 5, 1959, THAT I LAST SAW THE DECEASED ALIVE ON Dec. 5, 1959 AND THAT DEATH OCCURRED AT 10 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Simon Marcus (DEGREE OR TITLE) MD
22B. ADDRESS: 3935 E. Ajo Tucson
22C. DATE SIGNED: 12/7/59

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: 12/9/59
25C. NAME OF CEMETERY OR CREMATORY: Holy Hope Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 12-8-59
26B. REGISTRAR'S SIGNATURE: Theresa H. Bailey
27A. FUNERAL DIRECTOR'S SIGNATURE: Verna E. Jacum
27B. ADDRESS: Arizona Mortuary
28A. EMBALMER'S SIGNATURE: Pablo S. Cata
28B. EMBALMER'S CERT. NO.: 347

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OF DEATH AND RESIDENCE
DECEDENT PERSONAL DATA
CAUSE OF DEATH (ITEM 18)
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DEATH DUE TO EXTERNAL VIOLENCE
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