ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 1741

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 305

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY: IN THIS TOWN 32 Yrs; IN ARIZONA 32 Yrs
C. CITY OR TOWN: Tucson — [X] 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 — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 402 E. Medina
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): James
B. (MIDDLE): M.
C. (LAST): Jones

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Ruby
7. DATE OF BIRTH: MONTH 6 DAY 21 YEAR 12
8. AGE (IN YEARS LAST BIRTHDAY): 47 yrs. IF UNDER 1 YEAR: MONTHS / DAYS / HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Farmer - Retired
9B. KIND OF BUSINESS OR INDUSTRY: Farming
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Virginia
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) ---; (IF YES, WAR OR DATES OF SERVICE) ---
13. SOCIAL SECURITY NO. 292-20-4784
14A. FATHER'S NAME: Freil Jones
14B. BIRTHPLACE (STATE OR COUNTRY): Virginia
15A. MOTHER'S MAIDEN NAME: Laura Blivens
15B. BIRTHPLACE (STATE OR COUNTRY): Virginia
16. INFORMANT'S SIGNATURE: Ruby Jones, ADDRESS: Tucson, Arizona
17. DATE OF DEATH (MONTH) February (DAY) 13, (YEAR) 1960

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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hr.

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

DUE TO (C)

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

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8-21- 19 56 TO 2-13 19 60, THAT I LAST SAW THE DECEASED ALIVE ON 2-13- 19 60, AND THAT DEATH OCCURRED AT 4:55 A.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: [signature] (DEGREE OR TITLE) M.D.
22B. ADDRESS: Pima County General Hospital, Tucson, Arizona
22C. DATE SIGNED: 2-15-60

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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 2/16/60
25C. NAME OF CEMETERY OR CREMATORY: South Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 2-16-60
26B. REGISTRAR'S SIGNATURE: Verna E. Jacobs, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Verna E. Jacobs
27B. ADDRESS: Arizona Mortuary
28A. EMBALMER'S SIGNATURE: [signature]
28B. EMBALMER'S CERT. NO.: 347

FORM VS-2 REV. 3-15-59 25M ANPCO 28