

CERTIFICATE OF DEATH

REGISTRAR'S NO.

447

Purchased
Verified
PLACE OF DEATH
HAND 98
RESIDENCE
6217

PRECEDENT
PERSONAL
DATA 145
4

443X
CAUSE
OF
DEATH
TEM 18)

OPERATIONS,
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

BIRTH NO.		1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN 7 yrs IN ARIZONA 7 yrs		2. USUAL RESIDENCE A. STATE Arizona B. COUNTY Pima		REGISTRAR'S NO. 447	
C. CITY OR TOWN Tucson		D. FULL NAME OF HOSPITAL OR INSTITUTION Pima County Hospital		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>		C. CITY OR TOWN Marana		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS Box 154	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Lola		B. (MIDDLE)		C. (LAST) Brown		4. SEX Fem.		5. COLOR OR RACE Negro	
6B. NAME OF SPOUSE Ben		7. DATE OF BIRTH MONTH 1 DAY 19 YEAR 12		8. AGE (IN YEARS LAST BIRTHDAY) 48 yrs.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
9B. KIND OF BUSINESS OR INDUSTRY At home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Oklahoma		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.	
14A. FATHER'S NAME Henry Roebuck		14B. BIRTHPLACE (STATE OR COUNTRY) Oklahoma		15A. MOTHER'S MAIDEN NAME Mollie Richardson		15B. BIRTHPLACE (STATE OR COUNTRY) Arkansas		16. INFORMANT'S SIGNATURE Ben Brown, Marana, Arizona	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 6, 1960		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). Chronic glomerular nephritis		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. Myocardial heart disease		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 5 yrs		II. OTHER SIGNIFICANT 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-23-1960 TO 3-6-1960 , THAT I LAST SAW THE DECEASED ALIVE ON 3-6-1960 , AND THAT DEATH OCCURRED AT 12:05 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE (DEGREE OR TITLE) Francis J. ... M.D., Pima County Hospital	
22B. ADDRESS		22C. DATE SIGNED 3-8-60		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 (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		25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 3/9/60		25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Coolidge, Arizona	
26A. DATE REC. BY LOCAL REG. 3-9-60		26B. REGISTRAR'S SIGNATURE Juanita ...		27A. FUNERAL DIRECTOR'S SIGNATURE Verna E. ...		27B. ADDRESS Arizona Mortuary		28A. EMBALMER'S SIGNATURE Debra Leland & Baker	
28B. EMBALMER'S CERT. NO. 307		FORM VS-2 REV. 3-15-58		25M AMPCO 25M					

111