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A-2329

BIRTH NO.

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 8326

REGISTRAR'S NO. 1668

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY: IN THIS TOWN 45 yrs. IN ARIZONA 45 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): VAH, Tucson, Arizona

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): 5014 S. Park Avenue
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) Buren B. (MIDDLE) R. C. (LAST) KNOWLES

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married/separated
6B. NAME OF SPOUSE: - - - - - - - - - - - -
7. DATE OF BIRTH: MONTH 10 DAY 22 YEAR 15
8. AGE (IN YEARS LAST BIRTHDAY): 45
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): Dishwasher
9B. KIND OF BUSINESS OR INDUSTRY: - - - -
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Colorado
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes (IF YES, WAR OR DATES OF SERVICE) 1/13/42 10/27/45
13. SOCIAL SECURITY NO. 553-03-8450
14A. FATHER'S NAME: Dick Knowles (Dec.)
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Mary (?) (Dec.)
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE AND ADDRESS: Ariz. (Sister) Mrs. Irene Patterson, 5014 S. Park Ave., Tucson
17. DATE OF DEATH (MONTH) October (DAY) 22 (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) Inanition — INTERVAL BETWEEN ONSET AND DEATH: 2 months
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Broncho-Esophageal Fistula — 2 months
DUE TO (C) Bronchogenic Carcinoma — Unknown
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Squanous cell type

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

21. I HEREBY CERTIFY THAT I VA ATTENDED THE DECEASED FROM 5/3 1960 TO 10/22 1960 THAT I LAST SAW THE DECEASED ALIVE ON 10/22 1960 AND THAT DEATH OCCURRED AT 3:25 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE AND (DEGREE OR TITLE): C. A. [illegible]NDA, M.D., CHIEF, MEDICAL SERVICE
22B. ADDRESS: VAH, TUCSON, ARIZONA
22C. DATE SIGNED: 10/24/60

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 ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 10/25/60
25C. NAME OF CEMETERY OR CREMATORY: South Lawn Mem. Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 10-25-60
26B. REGISTRAR'S SIGNATURE: Teresa [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: Verna E. Green
27B. ADDRESS: Arizona Mortuary
28A. EMBALMER'S SIGNATURE: Deputy Pablo S. Cota
28B. EMBALMER'S CERT. NO.: 347

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

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR

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