

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

4349

CERTIFICATE OF DEATH

REGISTRAR'S NO. 815

PLACE OF DEATH HAND RESIDENCE	1. PLACE OF DEATH A. COUNTY <i>Pima</i>		B. LENGTH OF STAY IN THIS TOWN <i>37 yrs</i> IN ARIZONA <i>37 yrs</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <i>Arizona</i> B. COUNTY <i>Pima</i>			
	C. CITY OR TOWN <i>Tucson</i>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <i>Tucson</i>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
DECEDENT PERSONAL DATA	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>1017 N. Tyndall</i>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <i>1017 N. Tyndall</i>			
	E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (TYPE OR PRINT)	A. (FIRST) <i>Lida</i>	B. (MIDDLE) <i>E.</i>	C. (LAST) <i>Baker</i>	A. SEX <i>Fem.</i>	B. COLOR OR RACE <i>White</i>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Widowed</i>		
	6B. NAME OF SPOUSE <i>Deceased</i>			7. DATE OF BIRTH MONTH <i>10</i> DAY <i>16</i> YEAR <i>85</i>	8. AGE (IN YEARS LAST BIRTHDAY) <i>75 yrs</i>	IF UNDER 1 YEAR MONTHS IF UNDER 24 HRS. HOURS 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <i>Housewife</i>		
PERSONAL DATA	9B. KIND OF BUSINESS OR INDUSTRY <i>At home</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Illinois</i>	11. CITIZEN OF WHAT COUNTRY? <i>USA</i>	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 <i>John Shelby</i>		14B. BIRTHPLACE (STATE OR COUNTRY) -----	15A. MOTHER'S MAIDEN NAME <i>Alice Voight</i>		15B. BIRTHPLACE (STATE OR COUNTRY) -----		
OPERATIONS, AUTOPSY	16. INFORMANT'S SIGNATURE <i>David Baker (Son)</i>			ADDRESS <i>Tucson, Arizona</i>		17. DATE OF DEATH (MONTH) <i>May</i> (DAY) <i>8</i> , (YEAR) <i>1967</i>		
	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) <i>Liver failure</i> DUE TO (B) <i>obstruction common duct</i> DUE TO (C) <i>carcinoma common bile duct</i> II. OTHER SIGNIFICANT CONDITIONS Congestive heart failure CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <i>1/24/61</i> <i>5/8/61</i>	
MEDICAL CERTIFICATION	19A. DATE OF OPERATION <i>1/24/61</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma common bile duct</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>1/24/61</i> TO <i>5/8/61</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>18</i> AND THAT DEATH OCCURRED AT <i>12:30 P</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE OF REGISTRAR <i>Ross L. Magee, M. D.</i>			22B. ADDRESS <i>720 N. Country Club Road</i>		22C. DATE SIGNED <i>5/9/61</i>		
	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)		
CORONER'S CERTIFICATION	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		
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <i>5/11/61</i>		25C. NAME OF CEMETERY OR CREMATORY <i>South Lawn Mem. Park</i>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Tucson, Arizona</i>	
	26A. BURIAL REG. BY DATE REG. <i>5-10-61</i>		26B. REGISTRAR'S SIGNATURE <i>Heres...</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Robert W. Long</i>		27B. ADDRESS <i>Arizona Mortuary</i>	
28A. EMBALMER'S SIGNATURE <i>Robert W. Long</i>				28B. EMBALMER'S CERT. NO. <i>4004</i>				

137