PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 4358

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 871

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 23 yrs — IN ARIZONA: 23 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): Tucson Medical Center

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): 6760 Casa Adobes Rd.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) WILLIAM B. (MIDDLE) HOMER C. (LAST) BROWN
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Elena Brown
7. DATE OF BIRTH — MONTH: 1 DAY: 20 YEAR: 1903
8. AGE (IN YEARS LAST BIRTHDAY): 58 — 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): Zoology Professor
9B. KIND OF BUSINESS OR INDUSTRY: U. of A.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
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): ———
13. SOCIAL SECURITY NO.: 571-09-1230
14A. FATHER'S NAME: (?) Brown
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Octavia Banta
15B. BIRTHPLACE (STATE OR COUNTRY): California
16. INFORMANT'S SIGNATURE: Mrs Elena Brown — ADDRESS: 6760 Casa Adobes Rd.
17. DATE OF DEATH (MONTH) May (DAY) 11 (YEAR) 1961

CAUSE OF DEATH (ITEM 18)

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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Early portal cirrhosis

OPERATIONS, AUTOPSY

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

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb. 26, 1961 TO May 11, 1961, THAT I LAST SAW THE DECEASED ALIVE ON May 11, 1961, AND THAT DEATH OCCURRED AT 12:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Homer E. Gilmore M.D.
22B. ADDRESS: 1632 N. Country Club Rd.
22C. DATE SIGNED: 5-12-61

DEATH DUE TO EXTERNAL VIOLENCE

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?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 5-15-61
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.: 5-15-61
26B. REGISTRAR'S SIGNATURE: Herman H. Oakes Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Howard A. Bring
27B. ADDRESS: Bring's Funeral Home, Tucson, Arizona
28A. EMBALMER'S SIGNATURE: Dale B. Caskey
28B. EMBALMER'S CERT. NO.: 404A

FORM VS-2 REV. 8-9-60 - 25M (REVISED 1-1-61) 18