C 2 876 961
A-196

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8099

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1499

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 26 yrs; IN ARIZONA: 26 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): 506 Iroquois St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ADRIAN B. (MIDDLE) C. C. (LAST) LANGLOIS
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Ethel J. Langlois
7. DATE OF BIRTH — MONTH: 2 DAY: 26 YEAR: 95
8. AGE (IN YEARS LAST BIRTHDAY): 66 — 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): Carpenter
9B. KIND OF BUSINESS OR INDUSTRY: - - -
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Michigan
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes 6-28-15 (IF YES, WAR OR DATES OF SERVICE): 5-23-19
13. SOCIAL SECURITY NO.: 527-07-8447
14A. FATHER'S NAME: George Langlois (Dec.)
14B. BIRTHPLACE (STATE OR COUNTRY): Michigan
15A. MOTHER'S MAIDEN NAME: Margaret Dault (Dec.)
15B. BIRTHPLACE (STATE OR COUNTRY): Canada
16. INFORMANT'S SIGNATURE: VA Hospital Records, Tucson, Arizona — ADDRESS:
17. DATE OF DEATH (MONTH) September (DAY) 2 (YEAR) 1961

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) Cerebrovascular arteriosclerosis with recent cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Diabetes mellitus — 12 years
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Adenocarcinoma of rectosigmoid — Unknown

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

21. I HEREBY CERTIFY THAT I VA ATTENDED THE DECEASED FROM 7/20/ 19 61 TO 9/2/ 19 61 THAT I LAST SAW THE DECEASED ALIVE ON 9/2/ 19 61 AND THAT DEATH OCCURRED AT 6:00 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: D. A. MULLON (DEGREE OR TITLE) D. A. MULLON, CHIEF, MEDICAL SERVICE
22B. ADDRESS: VAH, TUCSON, ARIZONA
22C. DATE SIGNED: 9-5-61

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 9/6/61
25C. NAME OF CEMETERY OR CREMATORY: Holy Hope Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.
26B. REGISTRAR'S SIGNATURE
27A. FUNERAL DIRECTOR'S SIGNATURE: O'REILLY FUNERAL HOME
27B. ADDRESS: Tucson, Arizona
28A. EMBALMER'S SIGNATURE: By: Chris O'Reilly
28B. EMBALMER'S CERT. NO.: 216

FORM VS-2 REV. 8-9-60 - 25M

7131