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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8298

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 178

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 45 yrs. IN ARIZONA: 53 yrs.
C. CITY OR TOWN: Douglas ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Douglas Hosp.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Douglas ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 758 14th
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Tennie
B. (MIDDLE):
C. (LAST): Pettit

4. SEX: female
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: Joe Pettit
7. DATE OF BIRTH — MONTH: 8 DAY: 24 YEAR: 83
8. AGE (IN YEARS LAST BIRTHDAY): 78
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): housewife
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U. S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: none
14A. FATHER'S NAME: ----- Harris
14B. BIRTHPLACE (STATE OR COUNTRY): Mo.
15A. MOTHER'S MAIDEN NAME: Susan Tripplett
15B. BIRTHPLACE (STATE OR COUNTRY): Ark.
16. INFORMANT'S SIGNATURE: Howard Pettit
ADDRESS: Warren Arizona
17. DATE OF DEATH — (MONTH): 10 (DAY): 4 (YEAR): 61

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) Cerebral Hemmahge — INTERVAL BETWEEN ONSET AND DEATH: 10 days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hypertension — 2
DUE TO (C) Arteriosclerosis — 2
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 ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9/22 19 61 TO 10/4 19 61 THAT I LAST SAW THE DECEASED ALIVE ON 10/4 19 61 AND THAT DEATH OCCURRED AT 6 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: W. Allen (DEGREE OR TITLE) M. D.
22B. ADDRESS: Douglas Ariz
22C. DATE SIGNED:

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: 10-7-61
25C. NAME OF CEMETERY OR CREMATORY: Calvary Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Arizona
26A. DATE REC. BY LOCAL REG.: Oct 12/61
26B. REGISTRAR'S SIGNATURE: Eve Adamson
27A. FUNERAL DIRECTOR'S SIGNATURE: Curtis Bay
27B. ADDRESS: Douglas, Ariz.
28A. EMBALMER'S SIGNATURE: Curtis Bay
28B. EMBALMER'S CERT. NO.: 321

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

DATE OF DEATH AND USUAL RESIDENCE 03 01 0303
DECEDENT PERSONAL DATA 1 2 1 78 4 1
CAUSE OF DEATH (ITEM 18) 331 X 0 0
OPERATIONS AUTOPSY 1
MEDICAL CERTIFICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION 1
FUNERAL DIRECTOR AND REGISTRAR 10 2 153