

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

1839

CERTIFICATE OF DEATH

REGISTRAR'S NO.

294

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN 1944 IN ARIZONA 1944		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Pima	
	C. CITY OR TOWN Tucson		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Tucson <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) DOA * Pima County Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 1105 East Drexel Rd.	
					E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Esther</i> B. (MIDDLE) C. (LAST) <i>Morgan</i>			4. SEX Fem.	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
	6B. NAME OF SPOUSE Russell E.		7. DATE OF BIRTH MONTH DAY YEAR July 6 1893	8. AGE (IN YEARS) LAST BIRTHDAY 68 Yrs.	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife	
	9B. KIND OF BUSINESS OR INDUSTRY Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ill.	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No	13. SOCIAL SECURITY NO. None	
	14A. FATHER'S NAME James J. Leavitt	14B. BIRTHPLACE (STATE OR COUNTRY) Ill.	15A. MOTHER'S MAIDEN NAME Mary Kelliger	15B. BIRTHPLACE (STATE OR COUNTRY) Ireland	16. INFORMANT'S SIGNATURE Mr. Russell E. Morgan	

CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <i>H51X</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <i>Rupture, abdominal aortic aneurysm</i>		DUE TO (B) <i>arteriosclerosis</i>			
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (C)			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>19</i> <i>noon after death</i> <i>1795</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>19</i> AND THAT DEATH OCCURRED AT <i>6:25 P.</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
22A. SIGNATURE <i>John Hensch</i>	(DEGREE OR TITLE) <i>MD</i>	22B. ADDRESS <i>Tucson Ariz</i>	22C. DATE SIGNED <i>8 Feb 62</i>

23A. ACCIDENT, SUICIDE, HOMICIDE, NATURAL CAUSE NATURAL CAUSES	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR)	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE <i>W. H. Johnson</i>	24B. ADDRESS Courthouse, Room 6	24C. DATE SIGNED 2/9/62
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 2/9/62	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.	26B. REGISTRAR'S SIGNATURE <i>W. H. Johnson</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>REILLY FUNERAL HOME</i>	27B. ADDRESS Tucson, Arizona

28A. EMBALMER'S SIGNATURE <i>Deputy</i>	28B. EMBALMER'S CERT. NO. <i>216</i> ✓
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