ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 7362

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1343

VERIFIED

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 1954 — IN ARIZONA: Same
C. CITY OR TOWN: Tucson — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St.Mary's Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona — B. COUNTY: Pima
C. CITY OR TOWN: Tucson — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Pioneer Hotel
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) John — B. (MIDDLE) R. — C. (LAST) Albright
4. SEX: Male — 5. COLOR OR RACE: White — 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: Dorathy Pope,Dec'd.
7. DATE OF BIRTH — MONTH: 5 — DAY: 10 — YEAR: '03
8. AGE (IN YEARS LAST BIRTHDAY): 59 yrs. — 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): Mgr.Mts.States T. & T.
9B. KIND OF BUSINESS OR INDUSTRY: Gen.Busi.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mt.Vernon,Ky.
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): WW 11 — (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: 521 07 0007
14A. FATHER'S NAME: Edgar S. Albright
14B. BIRTHPLACE (STATE OR COUNTRY): Kentucky
15A. MOTHER'S MAIDEN NAME: Not known
15B. BIRTHPLACE (STATE OR COUNTRY): Kentucky
16. INFORMANT'S SIGNATURE: [signature] — ADDRESS:
17. DATE OF DEATH — (MONTH): August — (DAY): 21, — (YEAR): 1962

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) repeated episodes
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Obesity

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8/16, 1962 TO 8/21, 1962, THAT I LAST SAW THE DECEASED ALIVE ON 8/21, 1962, AND THAT DEATH OCCURRED AT M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] — (DEGREE OR TITLE): DUDLEY, MD
22B. ADDRESS: 1524 N Euclid
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 [X] REMOVAL [ ]
25B. DATE: 8-23-62
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.: 8/23/62
26B. REGISTRAR'S SIGNATURE: Loutta Fraker, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: REILLY FUNERAL HOME [signature]
27B. ADDRESS: Tucson, Arizona
28A. EMBALMER'S SIGNATURE: By: [signature]
28B. EMBALMER'S CERT. NO.: 216

FORM VS-2 REV. 5-8-60 - 30M

CE OF DEATH AND AL RESIDENCE — DECEDENT PERSONAL DATA — CAUSE OF DEATH (ITEM 18) — OPERATIONS, AUTOPSY — MEDICAL CERTIFICATION — DEATH DUE TO EXTERNAL VIOLENCE — CORONER'S CERTIFICATION — FUNERAL DIRECTOR AND REGISTRAR