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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 297
County Registrar's - No.
Local Registrar's - No.

PLACE OF DEATH

1. County Pima
District 1
Town or City Tucson
No. U.S.Vet.Hosp.#51 St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME SHIRLEY M. HYRE C-464 144
(a) Residence. No. (Usual place of abode) St., Ward. 619 Upton St., San Angelo/Tex.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 5 mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR or RACE White
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) 1892
7. AGE 31 Years | Months 5 | Days 28 | IF LESS than 1 day ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baker
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Texas

PARENTS

10. NAME OF FATHER Lloyd S. Hyre
11. BIRTHPLACE OF FATHER (State or country) West Va. (city or town)
12. MAIDEN NAME OF MOTHER Charlotte Kittle
13. BIRTHPLACE OF MOTHER (State or country) West Va. (city or town)
14. Informant Hospital Records
(Address) U.S.Vet. Hosp. #51 Tucson, Ariz.
15. Filed JUN 12 1923 Dr. A. G. Schmalel Local Registrar.
Filed JUL 10 1923 19
V. S. No. 1 County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) June 10, 1923
17. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1923 to June 10, 1923, that I last saw him alive on June 10, 1923 19, and that death occurred, on the date stated above, at 8:45 p.m.
The CAUSE OF DEATH* was as follows:
Tuberculosis of the lungs
unknown (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Syphilis, secondary
unknown (duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of
Was there an autopsy? No.
What test confirmed diagnosis? Physical & Laboratory
(Signed) S. H. James, Surg. (R) M. D.
6/11/23 19 (Address) U.S.V.Hosp.#51

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF [redacted] REMOVAL Sweetwater, Texas
DATE OF BURIAL June 12 1923
20. UNDERTAKER Reilly Undertaking Co.,
ADDRESS Tucson, Arizona