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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 416
Registrar's No. 932

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location 207 East 3rd.St. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community 15 Years (Specify whether years, months or days) ; In Arizona 15 Years

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Pima ; (c) City or Town Tucson (If outside city limits also write RURAL)
(d) Street No. Catalina Foothills ; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Isaac Franklin Turner (b) If veteran name war none (c) Social Security No. 526-10-0359 (If NONE write the word)

4. Sex Male | 5. Color or Race White | 6. (a) Single, married, widowed or divorced Divorced
6. (b) Name of husband or wife Maud Turner | 6. (c) Age of husband or wife, if alive 55 yrs.

7. Birthdate of deceased Dec.13,1878. (Month) (Day) (Year)

8. AGE: Years 62 | Months 11 | Days 26 | If less than one day hrs. min.

9. Birthplace Ohio. (City, town or county) (State or Country)

10. Usual Occupation Labor

11. Industry or Business

Father
12. Name Calvin Turner
13. Birthplace Ohio. (City, town or county) (State or Country)

Mother
14. Maiden Name unknown
15. Birthplace unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Dennis Turner, Dennis Turner
(b) Address Tucson,Arizona.

17. (a) Burial, Cremation or Removal Burial
(b) Place Evergreen (c) Date 12-11-41 19

18. (a) Embalmer's Signature H.M.Parker
(b) Funeral Director Parker Mortuary
(c) Address Tucson,Arizona.

19. (a) 12-11-1941 (Date received local Registrar)
(b) L. H. Howard, M.D. (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 12-9-41, 19 ;
TIME (Hour and minute) 9: P.M. M.

21. I hereby certify that I attended the deceased from 12-8, 1941 to 12-9, 1941 ;
that I last saw him alive on 12-8, 1941 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pul. Tbc. bilat.
Due to Jag advanced
Due to Intestinal Tbc

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

DURATION
7 yrs
2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)
While at work? (e) Means of injury —

23. Signature C. C. Dorr M. D.
Address 110 South Date signed 12-10-41