ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 1085
Registrar's No.

1. Place of Death: (a) County PIMA (b) City or Town TUCSON (If outside city limits also write RURAL) (c) Location VETERANS ADMIN. HOSPITAL (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital 4 hrs. 45 min.; In Community Unknown (Specify whether years, months or days); In Arizona Unknown

2. Usual Residence of Deceased: (a) State Michigan; (b) County Calhoun (c) City or Town Battle Creek (If outside city limits also write RURAL)

(d) Street No. 401 Upton Avenue, ; (e) Citizen of foreign country (No) If Yes, which country

3. (a) FULL NAME AAGESEN, Adolph (b) If Veteran name war World War (c) Social Security No. Unknown

4. Sex: M

5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Tilla Aagesen

6. (c) Age of husband or wife, if alive ... yrs.

7. Birthdate of deceased: April (Month) 8 (Day) 1899 (Year)

8. AGE: Years 54 Months 7 Days 26 If less than one day hrs. ... min.

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

10. Usual Occupation: Unknown

11. Industry or Business: Unknown

Father
12. Name: Unknown
13. Birthplace: Unknown (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: P. Siegel
(b) Address: Veterans' Admin., Tucson, Arizona

17. (a) ~~Burial, Cremation or~~ Removal: Removal
(b) Place: Battle Creek, Mich. (c) Date: 12-7-43 19

18. (a) Embalmer's Signature: Verna E. Yocum
(b) Funeral Director: Arizona Mortuary
(c) Address: Tucson, Arizona

19. (a) 12-8-43 (Date received Local Registrar)
(b) L. E. Howard, M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 4, 1943;
TIME (Hour and minute) 5:30 P. M.

21. I hereby certify that I attended the deceased from 1:45 PM 12/4/43, 19..., to 5:35 P.M. 12/4/, 1943; that I last saw him alive on 12/4/, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia — DURATION: Unknown
Acute dilatation, right heart

Due to: None

Due to:

Other conditions: Bronchiectasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: Autopsy findings confirmed above diagnosis.

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? ... Nature of injury

23. Signature: P.S. M. D.
Address: Vets. Admin. Date signed: 12-6-43

30M—100% Rag—5/21/43