

2783

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 533

Registrar's No. 338

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

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. 148 Fairground Dwelling (e) Citizen of foreign country (yes or No) \_\_\_\_\_

3. (a) FULL NAME Terrence Edward Shooks (b) If Veteran 1574 name was \_\_\_\_\_ (c) Serial Security No. \_\_\_\_\_

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

7. Birthdate of deceased March 28 1944  
 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day  
 hrs \_\_\_\_\_ min \_\_\_\_\_

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

10. Usual Occupation \_\_\_\_\_

11. Industry or Business \_\_\_\_\_

Father } 12. Name Truman Edward Shooks  
 13. Birthplace Grand Rapids Michigan  
 (City, town or county) (State or Country)

Mother } 14. Maiden Name Ione Doris Sherman  
 15. Birthplace Grand Rapids Michigan  
 (City, town or county) (State or Country)

16. (a) Informant's own signature Truman Shooks  
 (b) Address Tucson, Arizona

17. (a) Burial, Cremation or Removal Burial  
 (b) Place Evergreen Cem (c) Date 3/31/44

18. (a) Embalmer's Signature George J. Dyer  
 (b) Funeral Director Verna E. Locum  
 (c) Address Arizona Mortuary, Tucson, Ariz.

19. (a) 3-31-44  
 (Date received local Registrar)

(b) [Signature]  
 (Registrar's Signature)

20M 100% Rag 8-42 B. Co.

County File No. 0

Date Received \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 31, 1944;  
 TIME (Hour and minute) 3.40 A. M.

21. I hereby certify that I attended the deceased from March 28, 1944 to March 31, 1944;  
 that I last saw him alive on March 31, 1944;  
 and that death occurred on the date and hour stated above.

Immediate cause of death

meningitis

Due to Ruptured meningioma

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION

36 hours

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 Samuel Dayhant M. D.

Address Tucson, Arizona Date signed 3-31-44