

2608

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

2339

State File No. _____
Registrar's No. 992

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location 904 E. 10th St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution --; In Community 31 yrs; In Arizona 31 yrs
(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. 904 East 10th St (e) Citizen of foreign country (Yes or No) _____

3. (a) FULL NAME Givens, Francis Doyle (b) If veteran name was WWII (c) Social Security No. _____

4. Sex M 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed Married

6. (b) Name of husband or wife Nell 6. (c) Age of husband or wife, if alive ? yrs.

7. Birthdate of deceased January 15, 1915
(Month) (Day) (Year)

8. AGE: Years 33 Months 2 Days 24 hrs. _____ min. _____
If less than one day

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

10. Usual Occupation R.R. Employee

11. Industry or Business Southern Pacific R.R.

Father { 12. Name George Givens
13. Birthplace Arkansas
(City, town or county) (State or Country)

Mother { 14. Maiden Name Emma Evers
15. Birthplace La.
(City, town or county) (State or Country)

16. (a) Informant's own signature Emma Givens
(b) Address Tucson, Arizona

17. (a) Burial, Cremation or Removal Cremation
(b) Place South Lawn (c) Date 4-13 1948

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

19. (a) 4-12-48
(Date received Local Registrar)
(b) Deena H. Oakley
(Registrar's Signature) Deputy

40M-100% Reg-1-47

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 4-9, 1948
TIME (Hour and minute) about 3 A. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h_____ alive on seen after death, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carbon monoxide poisoning
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within three months of death)
Major findings: _____
Of operations _____
Of autopsy as above

DURATION

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) suicide
(b) Date of occurrence 4-9-48
(c) Where did injury occur? Tucson Pima Arizona
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public vacant lot near residence
(Specify type of place)
While at work? no (e) Means of injury Carbon monoxide

23. Signature Louis Hirsch M. D.
Address Tucson Med Center Date signed 8 April 48