400662

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

State File No. 5628
Registrar's No. 1028

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location Tucson Med. Cen. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 33 days; In Community 33 days (Specify whether years, months or days); In Arizona

2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise (c) City or Town Patagonia (If outside city limits also write RURAL)

(d) Street No. P. O. Box 556; (e) Citizen of foreign country (Yes or No) NO If Yes, which country

3. (a) FULL NAME MRS. RUTH M. DURAN (b) If veteran name war (c) Social Security No. 526-28-6413

4. Sex: Female

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

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

6. (b) Name of husband or wife: Jack W. Duran

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

7. Birthdate of deceased Dec. 11, 1912 (Month) (Day) (Year)

8. AGE: Years 35 | Months 9 | Days 27 | If less than one day hrs. ____ min. ____

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

10. Usual Occupation school teacher

11. Industry or Business

Father
12. Name Ray R. Krebs
13. Birthplace Penfield Ohio (City, town or county) (State or Country)

Mother
14. Maiden Name Edna Mae Blake
15. Birthplace St. Joseph Mo (City, town or country) (State or Country)

16. (a) Informant's own signature Jack W. Duran
(b) Address Patagonia, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Bisbee, Arizona (c) Date Oct. 9 1948

18. (a) Embalmer's Signature Roscoe R. Kerr
(b) Funeral Director Parker Mortuary
(c) Address 215 N. Stone Ave., Tucson

19. (a) 10-9-48 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

® 40M—100% Rag—1-47

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 10-8, 1948;
TIME (Hour and minute) 5:05 P.M.

21. I hereby certify that I attended the deceased from 9-16-48, 19____ to 10-8, 1948; that I last saw her alive on 10-8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Glioblastoma multiforme, inoperable

Due to

Other conditions
(Include pregnancy within three months of death)

Major findings:
Of operations Found inoperable tumor of brain.
Of autopsy Not done.

DURATION: 33 days (Known)

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 Malcolm L. Denley, M. D.
Address Tucson Med. Center Date signed 10-9-48