

2566

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1605
300

CERTIFICATE OF DEATH

REGISTRAR'S NO.

11 PLACE OF DEATH 98 ND RESIDENCE 3012 4	1. PLACE OF DEATH A. COUNTY Pima		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Pima		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Tucson		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Tucson		
1 1 2 DENT ONAL 53 ITA 4 349	3. NAME OF DECEASED A. (FIRST) Jesse B. (MIDDLE) J. C. (LAST) GOODWIN		4. SEX Male	5. COLOR OR RACE White	
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR 2 18 196	8. AGE YEARS MONTHS DAYS 53 0 22	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). None
18 USE OF ATH M 18) 1	9B. KIND OF BUSINESS OR INDUSTRY Durant, Okla.		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) USA	11. CITIZEN OF WHAT COUNTRY? USA	
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes 8-30-18 to 1-4-19		13. SOCIAL SECURITY NO. -		
19 CTIONS, OPSY 2	14A. FATHER'S NAME Richard Goodwin		14B. BIRTHPLACE (STATE OR COUNTRY) Tenn.	15A. MOTHER'S MAIDEN NAME Nancy Jane Gault	
	15B. BIRTHPLACE (STATE OR COUNTRY) Tenn.		16. INFORMANT'S SIGNATURE O.N. Shelton, M.D., Md. Physician, Tucson, Ariz.		
20 ATH E TO ERNAL ENCE -	17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 11, 1949		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		
21 ICAL RONER'S ICATION	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		
	21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) OF INJURY		
22 IERAL ECTOR ND STRAR	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3-8-1949 TO 3-11-1949 THAT I LAST SAW THE DECEASED ALIVE ON 3-11-1949 AND THAT DEATH OCCURRED AT 1:15 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23. DATE SIGNED March 11, 1949		
23 STRAR	23A. SIGNATURE (DEGREE OR TITLE) Samuel S. Altshuler, M.D., Chief, Prof. Services		23B. ADDRESS VAH Tucson, Arizona		
	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE 3/17/49		
24C. NAME OF CEMETERY OR CREMATORY Ft. Bliss Nat'l. Cem.		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) El Paso, Texas			
25A. DATE REC'D BY LOCAL REG. 3-17-49		25B. REGISTRAR'S SIGNATURE Howard A. Bring		25C. FUNERAL DIRECTOR'S SIGNATURE Howard A. Bring, Tucson, Arizona	