

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2105

CERTIFICATE OF DEATH

REGISTRAR'S NO. **453**

11 44 DEATH 24 3 RESIDENCE 5	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 OR RURAL) Tucson		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 3Yrs. 54Yrs.		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) Tucson	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 20 Calle Clara Vista			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 20 Calle Clara Vista		
NT 1 1 NAL A1 25 4 449	3. NAME OF DECEASED (TYPE OR PRINT) Wirt G. Bowman			4. SEX Male	5. COLOR OR RACE White	
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH DAY YEAR Mar. 28 1874		B. AGE YEARS MONTHS DAYS 75 0 22	IF UNDER 24 HOURS HOURS MIN. -----	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Capitalist
	9B. KIND OF BUSINESS OR INDUSTRY Banker	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wt. Point, Miss.	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES. NO. OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) -----	13. SOCIAL SECURITY NO. -----	
14A. FATHER'S NAME John Bowman		14B. BIRTHPLACE (STATE OR COUNTRY) Virginia	15A. MOTHER'S MAIDEN NAME Lucy Coc		15B. BIRTHPLACE (STATE OR COUNTRY) Miss.	
16. INFORMANT'S SIGNATURE Meresa D. Bowman			ADDRESS Tucson, Ariz.			
17. DATE OF DEATH MONTH DAY YEAR April 20, 1949						
SE 4201 TH 0 18)	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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Natural Causes - Seen Only after death. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (3) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Coronary Thrombosis DUE TO (c) Immediate			INTERVAL BETWEEN ONSET AND DEATH Immediate	
	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	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) OF INJURY	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 Only seen after death 19____ TO ____ 19____. THAT I LAST SAW THE DECEASED ALIVE ON ____ 19____. AND THAT DEATH OCCURRED AT ____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
23A. SIGNATURE W. McLeavel M.D.		23B. ADDRESS 110 So Scott Tucson		23C. DATE SIGNED 21 Apr '49		
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	24B. DATE 4-22-49	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Nogales, Arizona		
25A. DATE REC'D BY LOCAL REG. 4-21-49	25B. REGISTRAR'S SIGNATURE Meresa D. Bowman		26. FUNERAL DIRECTOR'S SIGNATURE Reilly Funeral Home-102 East Pennington St.			