

1496

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS 160
CERTIFICATE OF DEATH

STATE FILE NO. 3382

REGISTRAR'S NO. 53

DATE OF DEATH AND RESIDENCE 04 04 1949 0201 5	1. PLACE OF DEATH A. COUNTY <u>Yuma</u> B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN) <u>Globe</u> C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>2 days 40 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Yuma</u> C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN <u>Globe</u> D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>967 N. Hill St</u>			
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>John</u> B. (MIDDLE) <u>Leo</u> C. (LAST) <u>Tukara</u> 4. SEX <u>male</u> 5. COLOR OR RACE <u>White</u>			6. MARRIED - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		
	7. DATE OF BIRTH MONTH <u>Dec</u> DAY <u>17</u> YEAR <u>1872</u> 8. AGE YEARS <u>76</u> MONTHS <u>6</u> DAYS <u>28</u> 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>retired - miner</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>		13. SOCIAL SECURITY NO. <u>none</u>	
PRECEDENT PERSONAL DATA 176 9 749	9B. KIND OF BUSINESS OR INDUSTRY <u>mining</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Palmetto, Austria</u>		11. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
	14A. FATHER'S NAME <u>Pete Tukara</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Austria</u>		15A. MOTHER'S MAIDEN NAME <u>Anna Szabo</u>	
16. INFORMANT'S SIGNATURE <u>Mrs. Katherine Allen</u>		ADDRESS <u>Globe, Arizona</u>		17. DATE OF DEATH (MONTH) <u>July</u> (DAY) <u>15</u> (YEAR) <u>1949</u> TIME <u>7:20 pm</u>		
CAUSE OF DEATH (ITEM 18) 160X 0 0	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 CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of rt extrem</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b): DUE TO (c): II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>-</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DEATH DUE TO FATAL INJURY	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?	
MEDICAL EXAMINER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>7-17</u> 19 <u>49</u> TO <u>7-15</u> 19 <u>49</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>7-15</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>7:20 pm</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	24A. SIGNATURE <u>W. E. Bushap MD</u>		24B. ADDRESS <u>Box 150 Globe</u>		24C. DATE SIGNED <u>7-16-49</u>	
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>July 18, 1949</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u>	
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Central Heights Ariz</u>		25A. DATE REC'D BY LOCAL REG. <u>7-16-49</u>		25B. REGISTRAR'S SIGNATURE <u>Irene Wauke</u>	
26. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Bushap</u>		26. ADDRESS <u>Box 150 Globe</u>		26. CERT. NO. <u>200A</u>		