

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1727

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN 12 yrs. IN ARIZONA 12 yrs.		2. USUAL RESIDENCE A. STATE Arizona		(WHERE DECEASED LIVED, IF IN INSTITUTION; RESIDENCE BEFORE ADMISSION) B. COUNTY Pima	
	C. CITY OR TOWN Tucson		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Tucson		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION VAH, Tucson, Arizona				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 5818 E. 28th Street		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Harry B. (MIDDLE) EDMINSON C. (LAST)			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
	6B. NAME OF SPOUSE Elizabeth Edminson		7. DATE OF BIRTH MONTH DAY YEAR 1 25 9L	8. AGE (IN YEARS LAST BIRTHDAY) 72	IF UNDER 1 YEAR MONTHS -	IF UNDER 24 HRS. DAYS -	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Subway Elev. Cond. (Ret)
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes 9/22/17	IF YES, WAR OR DATES OF SERVICE 5/30/19		13. SOCIAL SECURITY NO. Unknown
	14A. FATHER'S NAME Richard Edminson (Dec.)		14B. BIRTHPLACE (STATE OR COUNTRY) England	15A. MOTHER'S MAIDEN NAME Margaret Tinervon (Dec.)		15B. BIRTHPLACE (STATE OR COUNTRY) New York	

CAUSE OF DEATH	16. INFORMANT'S SIGNATURE VA Hospital Records, Tucson, Arizona		ADDRESS		17. DATE OF DEATH (MONTH) August (DAY) 29 (YEAR) 1963	
	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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH† ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.			INTERVAL BETWEEN ONSET AND DEATH 1 week
	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary emphysema			19 months
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2/25, 1962, TO 8/29, 1963, THAT I LAST SAW THE DECEASED ALIVE ON 8/29, 1963, AND THAT DEATH OCCURRED AT 8:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

MEDICAL CERTIFICATION	22A. SIGNATURE (DEGREE OR TITLE) JOSEPH BEEMAN, M.D., CHIEF, LABORATORY SERVICE VAH, TUCSON, ARIZONA		22B. ADDRESS 8/29/63	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
	23F. HOW DID INJURY OCCUR?			

CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Aug. 31/63		25C. NAME OF CEMETERY OR CREMATORY South Lawn Memorial Park	
GENERAL DIRECTOR AND REGISTRAR	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona		26A. DATE REC. BY LOCAL REG. 8/30/63		26B. REGISTRAR'S SIGNATURE Francis W. Chamberlain Deputy	
	27A. FUNERAL DIRECTOR'S SIGNATURE Charles H. Gress		27B. ADDRESS Tucson, Ariz		27C. DATE SIGNED	

28A. EMBALMER'S SIGNATURE Charles H. Gress	28B. EMBALMER'S CERT. NO. 412-A
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