

1870
445

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY PIMA		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 18 years 18 years		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE ARIZONA 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 5626 East Second Street			D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 5626 East Second Street		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) FRANK B. (MIDDLE) SCOTT C. (LAST) BLAIR			4. SEX MALE	5. COLOR OR RACE WHITE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED	
	6B. NAME OF SPOUSE Catherine Sarah		7. DATE OF BIRTH MONTH DAY YEAR 1 20 1890	8. AGE (IN YEARS) LAST BIRTHDAY) 74	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Salesman (Retired)
	9B. KIND OF BUSINESS OR INDUSTRY Real Estate	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kansas	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) YES	IF YES, WAR OR DATES OF SERVICE WW 1	13. SOCIAL SECURITY NO. ?	
	14A. FATHER'S NAME John Blair		14B. BIRTHPLACE (STATE OR COUNTRY) Pennsylvania	15A. MOTHER'S MAIDEN NAME Carrie Ham		15B. BIRTHPLACE (STATE OR COUNTRY) New York	
	16. INFORMANT'S SIGNATURE Mrs. Catherine Tipton, 5626 E. 2nd St., Tucson			BY: <i>R. E. Paul</i> ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) February 27 1964	
CAUSE OF DEATH (ITEM 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.		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. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH minutes years	
			(A) Coronary artery occlusion			minutes	
			DUE TO (B) Coronary arteriosclerosis			years	
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6-29-59, TO 2-27-64, THAT I LAST SAW THE DECEASED ALIVE ON 2-27-64, 19 64, AND THAT DEATH OCCURRED AT 9:10 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
MEDICAL CERTIFICATION	22A. SIGNATURE (DEGREE OR TITLE) <i>Mayor Hyman</i>			22B. ADDRESS 1632 N. Country Club Road		22C. DATE SIGNED March 2, 1964	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE) Tucson, Arizona		
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?		
	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
CORONER'S CERTIFICATION	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 3-2-1964		25C. NAME OF CEMETERY OR CREMATORY SOUTH TOWN MEMORIAL PARK		
	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) TUCSON, ARIZONA		26A. DATE REC. BY LOCAL REG. 3-2-64		26B. REGISTRAR'S SIGNATURE <i>Theresa H. Baker</i>		
FUNERAL DIRECTOR AND REGISTRAR	27A. FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Adams</i>		27B. ADDRESS Adair Funeral Home		27C. ADDRESS Tucson, Arizona		
	28A. EMBALMER'S SIGNATURE <i>Debra</i>		28B. EMBALMER'S CERT. NO. 260-A		28C. EMBALMER'S CERT. NO. 260-A		