

CERTIFICATE OF DEATH

REGISTRAR'S NO. **333**

BIRTH NO.

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN 1946 IN ARIZONA 1946		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 St. Joseph Hospital			D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 2215 East 3rd 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) Bio DeCasseres			4. SEX Fem.	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widow	
	6B. NAME OF SPOUSE Benjamin		7. DATE OF BIRTH MONTH May DAY 4 YEAR 1875	8. AGE (IN YEARS LAST BIRTHDAY) 88 Yrs.	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) Housewife
	9B. KIND OF BUSINESS OR INDUSTRY Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) St. Clair, Minn.	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No		13. SOCIAL SECURITY NO. None	
14A. FATHER'S NAME Issac Terrill		14B. BIRTHPLACE (STATE OR COUNTRY) Minn.		15A. MOTHER'S MAIDEN NAME Mary Mac		15B. BIRTHPLACE (STATE OR COUNTRY) Ill.	
16. INFORMANT'S SIGNATURE <i>Walter W. Symptons</i>				17. DATE OF DEATH (MONTH) February (DAY) 15th (YEAR) 1964			

CAUSE OF DEATH (TEM 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.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND 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.		(A) Myocardial infarction due to coronary thrombosis due to atherosclerosis		5 days
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		Cirrhosis of liver with bleeding hemorrhoidal varices		5 days
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Mar. 20 19 66 TO Feb. 15 19 64 THAT I LAST SAW THE DECEASED ALIVE ON Feb 15 , 19 64 , AND THAT DEATH OCCURRED AT 3:15 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE George W. King (DEGREE OR TITLE) M.D.		22B. ADDRESS 601 N. Wilmot, Tucson		22C. DATE SIGNED 2/17/64	

DEATH DUE TO EXTERNAL VIOLENCE	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)	
	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	
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FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 2/19/64		25C. NAME OF CEMETERY OR CREMATORY South Lawn Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona	
	26A. DATE REC. BY LOCAL REG. 2-18-64		26B. REGISTRAR'S SIGNATURE Jessie H. Baker		27A. FUNERAL DIRECTOR'S SIGNATURE REILLY FUNERAL HOME		27B. ADDRESS Tucson, Arizona	

28A. EMBALMER'S SIGNATURE Debutis		28B. EMBALMER'S CERT. NO. 273R	
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