

35 PUNCHED VERIFIED

CERTIFICATE OF DEATH

REGISTRAR'S NO. 973

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <i>Pima</i>		B. LENGTH OF STAY IN THIS TOWN <i>30 yrs.</i> IN ARIZONA <i>30 yrs.</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <i>Arizona</i> B. COUNTY <i>Pima</i>	
	C. CITY OR TOWN <i>Tucson</i>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <i>Tucson</i> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>6142 C. 25th St.</i>			D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <i>6142 C. 25th St.</i>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

DECEASED PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Ettie</i> B. (MIDDLE) <i>Irene</i> C. (LAST) <i>Murphy</i>			4. SEX <i>Fem.</i>	5. COLOR OR RACE <i>White</i>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Widowed</i>
	6B. NAME OF SPOUSE <i>Deceased</i>		7. DATE OF BIRTH MONTH <i>6</i> DAY <i>8</i> YEAR <i>86</i>	8. AGE (IN YEARS) LAST BIRTHDAY <i>77 yrs.</i>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <i>Housewife</i>	
	9B. KIND OF BUSINESS OR INDUSTRY <i>At home</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>New York</i>	11. CITIZEN OF WHAT COUNTRY? <i>USA</i>	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 -----	14B. BIRTHPLACE (STATE OR COUNTRY) -----	15A. MOTHER'S MAIDEN NAME -----		15B. BIRTHPLACE (STATE OR COUNTRY) -----	

CAUSE OF DEATH	16. INFORMANT'S SIGNATURE <i>Mrs. A. G. Hubbard, Tucson, Ariz.</i>		ADDRESS <i>By: V. E. Yacem</i>		17. DATE OF DEATH (MONTH) <i>May</i> (DAY) <i>14</i> (YEAR) <i>1964</i>	
	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: (A) <i>Medical Certification</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. (B) <i>Carcinomas from Pancreas.</i> (C) -----			INTERVAL BETWEEN ONSET AND DEATH <i>8 months</i>
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Dec. 4</i> , 19 <i>63</i> , TO <i>May 14</i> , 19 <i>64</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>May 13</i> , 19 <i>64</i> , AND THAT DEATH OCCURRED AT <i>12:10 A.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE <i>Pres. J. Taylor, M.D.</i>		22B. ADDRESS <i>116 N Tucson Blvd</i>		22C. DATE SIGNED <i>5-15-64</i>	

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

FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <i>5-18-64</i>		25C. NAME OF CEMETERY OR CREMATORY <i>South Lawn Mem. Park</i>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Tucson, Arizona</i>	
	26A. DATE REC. BY LOCAL REG. <i>5-15-64</i>		26B. REGISTRAR'S SIGNATURE <i>James H. Baker</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Verna E. Yacem</i>		27B. ADDRESS <i>Arizona Mortuary</i>	
	28A. EMBALMER'S SIGNATURE <i>Deputy Ireland F. Baker</i>				28B. EMBALMER'S CERT. NO. <i>307</i>			