

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **256**

PLACE OF DEATH AND RESIDENCE

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| 1. PLACE OF DEATH<br>A. COUNTY<br><b>Pima</b>                           |  | B. LENGTH OF STAY<br>IN THIS TOWN <b>19 yrs.</b> IN ARIZONA <b>19 yrs.</b>                         |   | 2. USUAL RESIDENCE<br>A. STATE <b>Arizona</b><br>B. COUNTY <b>Pima</b>  |  |
| C. CITY OR TOWN<br><b>Tucson</b>  |  | <input checked="" type="checkbox"/> IN CITY LIMITS<br><input type="checkbox"/> OUTSIDE CITY LIMITS |   | C. CITY OR TOWN<br><b>Tucson</b><br><input type="checkbox"/> IN CITY LIMITS<br><input type="checkbox"/> OUTSIDE CITY LIMITS |  |
| D. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Tucson Medical Center</b> |  |  | D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM?<br><b>2323 East Water Street</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |  |

DECEDENT PERSONAL DATA

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED<br>A. (FIRST) <b>JERRY</b> B. (MIDDLE) C. (LAST) <b>BURD, JR.</b> |   |   | 4. SEX<br><b>male</b>   | 5. COLOR OR RACE<br><b>white</b>              | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)<br><b>married</b> |
| 6B. NAME OF SPOUSE<br><b>Dorothy Burd</b>   |   | 7. DATE OF BIRTH<br>MONTH <b>4</b> DAY <b>12</b> YEAR <b>1907</b> | 8. AGE (IN YEARS) LAST BIRTHDAY<br><b>57</b>                                    | IF UNDER 1 YEAR MONTHS <b>-</b> DAYS <b>-</b> | IF UNDER 24 HRS. HOURS <b>-</b> MIN. <b>-</b>                             |
| 9B. KIND OF BUSINESS OR INDUSTRY<br><b>Newspaper</b>                                  | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)<br><b>Penn.</b> | 11. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>                   | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN)<br><b>NO</b> | 13. SOCIAL SECURITY NO.<br><b>207-09-0200</b> |   |
| 14A. FATHER'S NAME<br><b>Jeremiah Burd</b>  |   | 14B. BIRTHPLACE (STATE OR COUNTRY)<br><b>Penn.</b>                | 15A. MOTHER'S MAIDEN NAME<br><b>Maud Emma Weiser</b>                            |   | 15B. BIRTHPLACE (STATE OR COUNTRY)<br><b>Penn.</b>                        |

CAUSE OF DEATH ITEM 18

|  |  |  |  |   |   |
|--|--|--|--|---|---|
| 16. INFORMANT'S SIGNATURE<br><i>Dorothy S. Burd</i>  |  | ADDRESS<br><b>2323 East Water St.</b>  |  | 17. DATE OF DEATH<br>(MONTH) <b>FEBRUARY</b> (DAY) <b>5th.</b> (YEAR) <b>1965</b> |   |
| 18. CAUSE OF DEATH<br>ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).<br><br>THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.<br><br>PLACE DISEASE CONTRACTED. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH:<br><b>(A) Carcinoma of lung with metastasis to brain</b><br>DUE TO (B) _____<br>DUE TO (C) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.<br><b>Emphysema</b> |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>months ?</b><br><br><b>2 years</b> |

OPERATIONS, AUTOPSY

|  |   |   |
|--|---|---|
| 19A. DATE OF OPERATION<br><b>1/27/65</b> | 19B. MAJOR FINDINGS OF OPERATION<br><b>Bronchogenic carcinoma, left upper lobe.</b> | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|--|---|---|

MEDICAL CERTIFICATION

|  |  |
|--|--|
| 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>April</b> , 19 <b>58</b> TO <b>2-5</b> , 19 <b>65</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>2/5/65</b> AND THAT DEATH OCCURRED AT <b>9:35 P.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. |  |
| 22A. SIGNATURE<br><i>Wendell R. Porter</i>   | 22B. ADDRESS<br><b>1638 North Country Club</b> |
| 22C. DATE SIGNED<br><b>2-8-65</b>  |  |

DEATH DUE TO EXTERNAL VIOLENCE

|   |  |                                      |
|---|--|--------------------------------------|
| 23A. ACCIDENT (SPECIFY)<br><b>SUICIDE</b>                   | 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<br><b>M</b> | 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 |
|--------------------------|--------------|------------------|

GENERAL DIRECTOR AND REGISTRAR

|   |   |  |   |
|---|---|--|---|
| 25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/> | 25B. DATE<br><b>2-8-65</b>                        | 25C. NAME OF CEMETERY OR CREMATORY<br><b>Rolling Green Memorial Cemetery</b> | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)<br><b>Allen County, Cumberland, Pa.</b> |
| 26A. DATE REC. BY LOCAL REG.<br><b>2-8-65</b>   | 26B. REGISTRAR'S SIGNATURE<br><i>James H. ...</i> | 27A. FUNERAL DIRECTOR'S SIGNATURE<br><i>Dorothy Howard ...</i>               | 27B. ADDRESS<br><b>BRING'S FUNERAL HOME<br/>Tucson, Arizona</b>                       |
| 28A. EMBALMER'S SIGNATURE<br><i>Debra ...</i>   |   |  | 28B. EMBALMER'S CERT. NO. <b>411 A</b>  |