

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **781**

DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY PIMA		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF IN INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Pima	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Tucson, Arizona		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) Life	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 611 North Cuesta		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Tucson	
			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 611 North Cuesta	

DECEASED MARRIED BUSINESS OR INDUSTRY FATHER'S NAME INFORMANT'S SIGNATURE	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) ELVA B. (MIDDLE) ORALEEN C. (LAST) GRAHAM			4. SEX Female	5. COLOR OR RACE White
	6. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED)		7. DATE OF BIRTH MONTH 8 DAY 18 YEAR 1940		8. AGE YEARS 9 MONTHS 11 DAYS 26
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. None
	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tucson, Ariz.		11. CITIZEN OF WHAT COUNTRY? U.S.A.
14A. FATHER'S NAME Oral Vernon Graham		14B. BIRTHPLACE (STATE OR COUNTRY) Macks Creek, Mo.		15A. MOTHER'S MAIDEN NAME Muriel Maxine Meador	
15B. BIRTHPLACE (STATE OR COUNTRY) Picher, Okla.		16. INFORMANT'S SIGNATURE Oral V. Graham ADDRESS 611 N. Cuesta Tucson, Ariz.		17. DATE OF DEATH (MONTH) August (DAY) 14 (YEAR) 1950	

CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) Tumor, brain, craniopharyngioma		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Tumor, brain, craniopharyngioma	INTERVAL BETWEEN ONSET AND DEATH 9 mos.
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		DUE TO (b) _____	
	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes insipidus	

OPERATIONS ACCIDENT INJURY	19A. DATE OF OPERATION 17 March 1950		19B. MAJOR FINDINGS OF OPERATION Pituitary tumor, craniopharyngioma, non-operable.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT (SPECIFY) SUICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **30 Jan. 1950** TO **14 Aug. 1950**. THAT I LAST SAW THE DECEASED ALIVE ON **14 Aug. 1950** AND THAT DEATH OCCURRED AT **12:45** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE Lindsay E. Beaton, M.D. (DEGREE OR TITLE)	23B. ADDRESS 1650 N. Campbell, Tucson	23C. DATE SIGNED 14 Aug. '50
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BURIAL DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE	24A. BURIAL (CREMATION, REMOVAL) <input checked="" type="checkbox"/>	24B. DATE 8-16-50	24C. NAME OF CEMETERY OR CREMATORY South Lawn Memorial Park	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona
	25A. DATE REC'D BY LOCAL REG. 8-16-50	25B. REGISTRAR'S SIGNATURE Joanne M. Clark Deputy		26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS REILLY FUNERAL HOME, Tucson, Arizona 27. EMBALMER'S SIGNATURE CERT. NO. Chris O. Reilly 216