

CERTIFICATE OF DEATH

939

BIRTH NO. 11 11	1. PLACE OF DEATH A. COUNTY <u>Pima</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION.) A. STATE <u>Arizona</u> B. COUNTY <u>Pima</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <u>Tucson</u>)		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>10 M</u> <u>20 yrs</u>	
RESIDENCE 16 44	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>2932 E. Beverly</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>2932 E. Beverly</u>	
	3. NAME OF DECEASED A. (FIRST) <u>Austin</u> B. (MIDDLE) <u>Furr</u> C. (LAST) <u>Furr</u>			4. SEX <u>M</u>
ENT 3	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>9</u> DAY <u>26</u> YEAR <u>1911</u>	
	8. AGE YEARS <u>39</u> MONTHS <u>0</u> DAYS <u>0</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) <u>Employee Hgwy Dept.</u>	
NAL A/59	9B. KIND OF BUSINESS OR INDUSTRY <u>Hgwy</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Texas</u>	
	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
4	13A. FATHER'S NAME <u>Boston Furr</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>N. Carolina</u>	
	15A. MOTHER'S MAIDEN NAME <u>Katie George</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>	
050	16. INFORMANT'S SIGNATURE <u>May Furr</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Oct. 4 1950</u>	
	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, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Generalized arteriosclerosis with hypertension</u> DUE TO (c) <u>Previous Coronary thrombosis 2 yrs ago</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
SE 0	19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
TH 0	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	21C. (CITY OR TOWN) (COUNTY) (STATE)			
18)	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?			
IONS, PSY 2	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>9-12</u> 19 <u>50</u> TO <u>10-4</u> 19 <u>50</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>10-4</u> 19 <u>50</u> AND THAT DEATH OCCURRED AT <u>6:28 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
	23A. SIGNATURE <u>Maguerite S. Williams M.D.</u>		23B. ADDRESS <u>705 Valley Hall Bldg</u>	
H TO X	23C. DATE SIGNED <u>10-5-50</u>			
	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE <u>10-7-50</u>	
VAL =	24C. NAME OF CEMETERY OR CREMATORY <u>--</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Mesa, Arizona</u>	
	25A. DATE REC'D BY LOCAL REG. <u>10-6-50</u>		25B. REGISTRAR'S SIGNATURE <u>George F. Dwyer</u>	
AL OR 55	26. FUNERAL DIRECTOR'S SIGNATURE <u>Arma E. Yocum</u>		27. ADDRESS <u>Arizona Mortuary</u>	
	27. ADDRESS <u>10-6-50</u>		27. ADDRESS <u>163</u>	