

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **1000**

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| 11 44<br>OF DEATH<br>ND<br>217<br>RESIDENCE | 1. PLACE OF DEATH<br>A. COUNTY <b>Pima</b>   |  | 2. USUAL RESIDENCE (WHERE DECEASED LIVED.<br>IF INSTITUTION: RESIDENCE BEFORE ADMISSION.)<br>A. STATE <b>Tucson</b><br>B. COUNTY <b>Pima</b> |  |
|   | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <b>Tucson</b>  |  | C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Tucson</b>   |  |
|   | C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <b>4 mos. 24 yrs.</b>   |  | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>707 So. Bean Ave.</b>   |  |
|   | D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) <b>Pima County General Hospital</b> |  |  |  |

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| 1<br>DENT<br>ONAL<br>STA 137<br>4<br>ASD | 3. NAME OF DECEASED<br>A. (FIRST) <b>James</b> B. (MIDDLE) <b>Elliott</b> C. (LAST) <b>Tucker</b>   |  |  | 4. SEX <b>Male</b>   | 5. COLOR OR RACE <b>White</b>                  |
|  | 6. MARRIED (TYPE OR PRINT) <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED |  |  | 7. DATE OF BIRTH<br>MONTH <b>10</b> DAY <b>2</b> YEAR <b>13</b>  |  |
|  | 8. AGE<br>YEARS <b>37</b> MONTHS <b>0</b> DAYS <b>28</b>  |  |  | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.)<br><b>Engineer So. Pac. Co.</b> |  |
|  | 9B. KIND OF BUSINESS OR INDUSTRY<br><b>Railroad</b>   |  | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Goon Rapids, Iowa</b> |  | 11. CITIZEN OF WHAT COUNTRY? <b>USA</b>        |
|  | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>                                  |  | 13. SOCIAL SECURITY NO. <b>—</b>                                   |  | 14. FATHER'S NAME <b>Herbert L. Tucker</b>     |
|  | 14B. BIRTHPLACE (STATE OR COUNTRY) <b>Iowa</b>  |  | 15A. MOTHER'S MAIDEN NAME <b>Rose Titus</b>                        |  | 15B. BIRTHPLACE (STATE OR COUNTRY) <b>Iowa</b> |

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| 776X<br>USE:<br>OF<br>ATH 0<br>W 18) 0 | 16. INFORMANT'S SIGNATURE <b>Herbert L. Tucker</b> ADDRESS <b>334 East 16th St.</b>   |  | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>October 30, 1950</b> |  |                       |
|  | 18. CAUSE OF DEATH<br>ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).<br>*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, UREMIA, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.<br>PLACE DISEASE CONTRACTED. |  |  |  | MEDICAL CERTIFICATION |
|  | I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wound in forehead</b>  |  | INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>                  |  |                       |

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| OPERATIONS,<br>OPSY<br>ATH<br>TO<br>RNAL<br>ENCE | 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|  | 21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <b>Unknown</b>                      |  | 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <b>About Home</b>       |  | 21C. (CITY OR TOWN) (COUNTY) (STATE) <b>Tucson, Pima Co., Arizona</b>            |  |
|  | 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>Oct. 30, 1950-2:45A M</b> |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR? <b>Self-inflicted while intoxicated.</b>              |  |

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| ICAL<br>ONER'S<br>CATION | 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Seen after death</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>10/30/50</b> AND THAT DEATH OCCURRED AT <b>3:47AM</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE. |  |  |   |  |                                      |
|                          | 23A. SIGNATURE <b>Clark B. Johnson</b> (DEGREE OR TITLE) <b>Coroner</b>   |  |  | 23B. ADDRESS <b>Justice Court Precinct #2</b> |  | 23C. DATE SIGNED <b>Nov. 1, 1950</b> |

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| ERAL<br>CTOR<br>ND<br>TRAR | 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> |  | 24B. DATE <b>Nov. 1, 1950</b>                      |  | 24C. NAME OF CEMETERY OR CREMATORY <b>Southlawn Memorial Park</b>                        |  | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Tucson, Arizona.</b>  |  |
|                            | 25A. DATE REC'D BY LOCAL REG. <b>11-1-50</b>  |  | 25B. REGISTRAR'S SIGNATURE <b>Dorcas H. Oakley</b> |  | 26. FUNERAL DIRECTOR'S SIGNATURE <b>Bring's Funeral Home</b> ADDRESS <b>Tucson, Ariz</b> |  | 27. EMBALMER'S SIGNATURE <b>Howard G. Bunting</b> CERT. NO. <b>335</b> |  |