

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3107

CERTIFICATE OF DEATH

REGISTRAR'S NO. 503

BIRTH NO.

11 OF DEATH RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Pima		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Pima	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Tucson		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 49 yrs. 49 yrs.	
IDENT SONAL ATA 170 7 551	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Pima County Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2819 N. Edith Blvd.	
	3. NAME OF DECEASED A. (FIRST) Arthur B. (MIDDLE) Cuyler C. (LAST) Guthrie			4. SEX Male
332+	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR Aug. 26 1880	
	8. AGE YEARS MONTHS DAYS 70 8 11		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). retired real estate operator	
OF EATH M 18)	9B. KIND OF BUSINESS OR INDUSTRY real estate		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Michigan	
	11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO	
ATIONS, TOPSY	13. SOCIAL SECURITY NO. 526-10-5624		14A. FATHER'S NAME Nathaniel L. Guthrie	
	14B. BIRTHPLACE (STATE OR COUNTRY) Unknown		15A. MOTHER'S MAIDEN NAME Memie Smith	
EATH E TO ERNAL LENCE	16. INFORMANT'S SIGNATURE Margaret A. Guthrie		17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 7 1951	
	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) <i>Coronary Thromboses</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
GENERAL ECTOR IND STRAR	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	
GENERAL ECTOR IND STRAR	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 M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
GENERAL ECTOR IND STRAR	21F. HOW DID INJURY OCCUR?		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4-26-51 TO 5-7-51 THAT I LAST SAW THE DECEASED ALIVE ON 5-7-51 AND THAT DEATH OCCURRED AT 2:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
	23A. SIGNATURE (DECEASED OR TITLE) <i>Francis Kearns</i>		23B. ADDRESS <i>215 N. Stone Ave</i>	
GENERAL ECTOR IND STRAR	23C. DATE SIGNED 5-8-51		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	
	24B. DATE 5-9-51		24C. NAME OF CEMETERY OR CREMATORY So. Lawn Memorial Park	
GENERAL ECTOR IND STRAR	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Ariz.		25A. DATE REC'D BY LOCAL REG. 5-8-51	
	25B. REGISTRAR'S SIGNATURE <i>Deputy</i>		25C. FUNERAL DIRECTOR'S SIGNATURE Parker-Kerr Mortuary, 215 N. Stone Ave.	
GENERAL ECTOR IND STRAR	26. FUNERAL DIRECTOR'S SIGNATURE <i>Deputy</i>		27. EMBALMER'S SIGNATURE <i>Roscoe R. Kerr</i>	
	27. EMBALMER'S SIGNATURE <i>Roscoe R. Kerr</i>		28. CERT. NO. 226	