

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3138

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

11 63 OF DEATH 18 10 RESIDENCE	1. PLACE OF DEATH A. COUNTY Pima		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Long Island B. COUNTY Nassau		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Tucson	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 7mos 7mos	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Merrick		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) St. Marys Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	3. NAME OF DECEASED A. (FIRST) Gertrude B. (MIDDLE) Maude C. (LAST) Parvin			4. SEX Female	
	5. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH DAY YEAR 4 11 '09	
	6. AGE YEARS MONTHS DAYS 42 1 19			8. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife	
9. KIND OF BUSINESS OR INDUSTRY Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Nova Scotia	11. CITIZEN OF WHAT COUNTRY? USA	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. ?		14A. FATHER'S NAME Edgar Theriault	14B. BIRTHPLACE (STATE OR COUNTRY) Nova Scotia	15A. MOTHER'S MAIDEN NAME Sadie Doucett	
15B. BIRTHPLACE (STATE OR COUNTRY) Nova Scotia		16. INFORMANT'S SIGNATURE Leon Parvin Tucson, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 30th, 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, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Postoperative shock alteration for surgical wound obstruction due to adhesions II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH Generalized venous infarct 8 days			INTERVAL BETWEEN ONSET AND DEATH 72 hrs 72 hrs	
19. DATE OF OPERATION 5/27/51	19B. MAJOR FINDINGS OF OPERATION Adhesions band.			AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	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)	21F. HOW DID INJURY OCCUR? WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5/29/51 1951 TO 5/30/51 1951 THAT I LAST SAW THE DECEASED ALIVE ON 5/30/51 1951 AND THAT DEATH OCCURRED AT 11:10 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE [Signature]		23B. ADDRESS 1627 N. Tucson Blvd.		23C. DATE SIGNED 6/1/51	
24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE June 1, 1951	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (CITY, TOWN OR COUNTY) (STATE) East Ferry Digby Co. Nova Scotia		
25A. DATE REC'D BY LOCAL REG. 6-1-51	25B. REGISTRAR'S SIGNATURE [Signature]	26. FUNERAL DIRECTOR'S SIGNATURE Reilly Funeral Home Tucson, Ariz			
27. EMBALMER'S SIGNATURE Chris A. Reilly #216					