

antell

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4274

CERTIFICATE OF DEATH

770

F DEATH
NO 10844
RESIDENCE

MENT 1
ONAL 173
TA 7
751

4500
USE
IF 0
ATH 0
A 18) 0

TIONS, OPSY 1
ATH TO
RNAL
ENCE 2

ICAL
ONER'S
CATION 1

ERAL
CTOR 55
JD
TRAR 2

BIRTH NO.		REGISTRAR'S NO.	
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 OR TOWN Tucson)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Tucson	
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 8 yrs 8 yrs			
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) Elks Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2323 N. 9th Ave	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Frank B. (MIDDLE) Gould C. (LAST)			4. SEX Male
5. COLOR OR RACE white			
6. MARRIED - - - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH 9 DAY 6 YEAR 77	8. AGE YEARS 73 MONTHS 10 DAYS 10	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Retired
9B. KIND OF BUSINESS OR INDUSTRY None	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Iowa	11. CITIZEN OF WHAT COUNTRY? U.S.	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. 00-00		14A. FATHER'S NAME James Gould	14B. BIRTHPLACE (STATE OR COUNTRY) Unkn.
15A. MOTHER'S MAIDEN NAME Mary Ewing		15B. BIRTHPLACE (STATE OR COUNTRY) Unkn.	
16. INFORMANT'S SIGNATURE James Gould		ADDRESS Tucson, Arizona	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 16, 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 CONTRAICTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis DUPLICATE (b) Obliterative Endarteritis Polycythemia DUPLICATE (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
19C. INTERVAL BETWEEN ONSET AND DEATH several years		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 1, 1951 TO July 16, 1951 . THAT I LAST SAW THE DECEASED ALIVE ON July 14, 1951 AND THAT DEATH OCCURRED AT 8 PM , FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE Harriet Baird M.D.		23B. ADDRESS 1641 N. Tucson Blvd, Tucson, Ariz	
23C. DATE SIGNED 7/18/51			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 7-18-51	
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. 7-18-51		25B. REGISTRAR'S SIGNATURE James H. [Signature]	
25C. FUNERAL DIRECTOR'S SIGNATURE Verna E. Yocum		ADDRESS Arizona Mortuary	
25D. ENCASEMENT'S SIGNATURE Chas. R. White		CERT. NO. 171	

VVVVVV