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BIRTH NO.

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 519

CERTIFICATE OF DEATH

REGISTRAR'S NO. 76

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 17 Yrs; IN ARIZONA: 17 Yrs
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Vets Adm Hospital, Tucson, Arizona

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Pima
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2002 East Lee

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST): Alexander B. (MIDDLE): (NMI) C. (LAST): ALLEN
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH — MONTH: Apr DAY: 18 YEAR: 1887
8. AGE (IN YEARS LAST BIRTHDAY): 65 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Salesman - Unemployed
9B. KIND OF BUSINESS OR INDUSTRY: Unknown
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Illinois
11. CITIZEN OF WHAT COUNTRY?: U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): 5-20-18 to 11-13-18
13. SOCIAL SECURITY NO.: Unknown
14A. FATHER'S NAME: James (Deceased)
14B. BIRTHPLACE (STATE OR COUNTRY): Ireland
15A. MOTHER'S MAIDEN NAME: Isabell Robertson (Deceased)
15B. BIRTHPLACE (STATE OR COUNTRY): Ireland
16. INFORMANT'S SIGNATURE: VA Hospital Records — ADDRESS: Tucson, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): January 17, 1953

CAUSE OF DEATH (ITEM 18)

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 CONTRACTED.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 35 yrs.

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Right heart failure; Asthenia — 20 yrs. For past yr.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT VA ATTENDED THE DECEASED FROM Jan 12, 19 53, TO Jan 17, 19 53, THAT I LAST SAW THE DECEASED ALIVE ON Jan 17, 19 53, AND THAT DEATH OCCURRED AT 12:15 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): S. NETZER, M. D., Acting Chief, TBC Service
23B. ADDRESS: VAH, Tucson, Arizona
23C. DATE SIGNED: Jan 19, 1953

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Jan 19, 1953
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.: 1-19-53
25B. REGISTRAR'S SIGNATURE: Deputy
26. FUNERAL DIRECTOR'S SIGNATURE: Howard A. Bring — ADDRESS: BRING FUNERAL HOME, IN
27. EMBALMER'S SIGNATURE: Arthur J. Adair — CERT. NO.: 2407

FORM VS 2 REV. 4-15-52