(3)

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 585

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 74

1. PLACE OF DEATH — A. COUNTY	Pima
B. LENGTH OF STAY — IN THIS TOWN	28 mos.
IN ARIZONA	same
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)	St. Mary's Hospital
2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE	Illinois
B. COUNTY	Cook
C. CITY OR TOWN	Chicago
☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS	
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	1538 West 68th St.
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST)	JOSEPH
B. (MIDDLE)	P.
C. (LAST)	LaLONDE
4. SEX	Male
5. COLOR OR RACE	White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	married
7. DATE OF BIRTH — MONTH	2
DAY	17
YEAR	98
8. AGE (IN YEARS LAST BIRTHDAY)	54
IF UNDER 1 YEAR — MONTHS	11
DAYS	- -
IF UNDER 24 HRS. — HOURS	- -
MIN.	- -
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED)	Merchant
9B. KIND OF BUSINESS OR INDUSTRY	Merchant
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Harvey, Ill.
11. CITIZEN OF WHAT COUNTRY?	U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN)	No
(IF YES, WAR OR DATES OF SERVICE)	
13. SOCIAL SECURITY NO.	350-05-6684
14A. FATHER'S NAME	LOUIS LaLONDE
14B. BIRTHPLACE (STATE OR COUNTRY)	CANADA
15A. MOTHER'S MAIDEN NAME	MATILDA MORREAULT
15B. BIRTHPLACE (STATE OR COUNTRY)	CANADA
16. INFORMANT'S SIGNATURE — ADDRESS	Mrs. Marie LaLonde, Chicago, Illinois
17. DATE OF DEATH (MONTH)	JANUARY
(DAY)	17,
(YEAR)	1953
18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).	202 X
*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	8 years
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.	
19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?	YES ☐ NO ☒
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?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM	Oct, 1953 TO Jan, 1953
THAT I LAST SAW THE DECEASED ALIVE ON	1-17, 1953
AND THAT DEATH OCCURRED AT	9:17 A.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE)	H W Kohl MD.
23B. ADDRESS	Tucson, Arizona
23C. DATE SIGNED	1/18/53
24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒	
24B. DATE	1/18/53
24C. NAME OF CEMETERY OR CREMATORY	Holy Sepulcher Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	Chicago, Illinois
25A. DATE REC'D BY LOCAL REG.	1-18-53
25B. REGISTRAR'S SIGNATURE	[signature]
26. FUNERAL DIRECTOR'S SIGNATURE	REILLY FUNERAL HOME
ADDRESS	Tucson, Ariz.
27. EMBALMER'S SIGNATURE	Chris A. Reilly
CERT. NO.	#216

FORM VS 2 REV. 4-15-52