ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2772

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 469

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY IN THIS TOWN: 5 yrs. 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): 4156 East Lee St.

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): 4156 East Lee St.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) EMMA B. (MIDDLE) G. C. (LAST) NELSON
4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widow
7. DATE OF BIRTH: MONTH 3 DAY 12 YEAR 80
8. AGE (IN YEARS LAST BIRTHDAY): 73 IF UNDER 1 YEAR: MONTHS -- DAYS 25 IF UNDER 24 HRS.: HOURS ---- MIN. ----
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Canada
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.: None
14A. FATHER'S NAME: JOHN B. TETREAULT
14B. BIRTHPLACE (STATE OR COUNTRY): Canada
15A. MOTHER'S MAIDEN NAME: Philomine DuBois
15B. BIRTHPLACE (STATE OR COUNTRY): New Hamp.
16. INFORMANT'S SIGNATURE: Mrs. Florence G. Cooper ADDRESS: 4156 E. Lee St.
17. DATE OF DEATH (MONTH) April (DAY) 7, (YEAR) 1953

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). ICD 9/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) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Terminal — 1 week
DUE TO (C)
11. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. arthritis involved for years.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION: None.
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) Tucson (COUNTY) Pima (STATE) Ariz.
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 I ATTENDED THE DECEASED FROM 12/15, 1952 TO 12/7, 1953, THAT I LAST SAW THE DECEASED ALIVE ON 12/6, 1953, AND THAT DEATH OCCURRED AT 11:15 am M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: G. H. Mathis M.D. (DEGREE OR TITLE)
23B. ADDRESS: Tucson, Arizona
23C. DATE SIGNED: 4/8/53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 4/10/53
24C. NAME OF CEMETERY OR CREMATORY: Carlton Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Carlton, Minn.
25A. DATE REC'D BY LOCAL REG.: 4-9-53
25B. REGISTRAR'S SIGNATURE: Vernon H. Oakes
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