ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3383

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 678

PLACE OF DEATH AND USUAL RESIDENCE 0320

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 35 Yrs. IN ARIZONA: 35 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): St. Mary's Hospital

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): 1328 East 9th. Street

DECEDENT PERSONAL DATA 168 553

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST) Gola B. (MIDDLE) Wilbanks C. (LAST)
4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
7. DATE OF BIRTH — MONTH / DAY / YEAR: October 7, 1884
8. AGE (IN YEARS LAST BIRTHDAY): 68 Yrs. — 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Maben, Mississippi
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: Robert E. McCombs
14B. BIRTHPLACE (STATE OR COUNTRY): Not known
15A. MOTHER'S MAIDEN NAME: Not known
15B. BIRTHPLACE (STATE OR COUNTRY): Not known
16. INFORMANT'S SIGNATURE: Gordon Agnew — ADDRESS: 1328 E. 9th St
17. DATE OF DEATH (MONTH) (DAY) (YEAR): May 30, 1953

CAUSE OF DEATH (ITEM 18) 0 0

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 33/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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

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

11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY 4

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

DEATH DUE TO EXTERNAL VIOLENCE 7

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 1

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5/25 1953 TO 5/30 1953 THAT I LAST SAW THE DECEASED ALIVE ON 5/25 1953 AND THAT DEATH OCCURRED AT 4 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: [signature] (DEGREE OR TITLE) M. D.
23B. ADDRESS: Valley Nat'l. Bldg., Tucson, Ariz.
23C. DATE SIGNED: 6-1-53

FUNERAL DIRECTOR AND REGISTRAR 55 2 135

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: June 1, 1953
24C. NAME OF CEMETERY OR CREMATORY: Southlawn Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
25A. DATE REC'D BY LOCAL REG.: 6-1-53
25B. REGISTRAR'S SIGNATURE: [signature]
26. FUNERAL DIRECTOR'S SIGNATURE: Howard G. Bring — ADDRESS: BRING'S FUNERAL HOME, Tucson, Arizona
27. EMBALMER'S SIGNATURE: Arthur L. Adair — CERT. NO. 260 A

FORM VS 2 REV. 4-15-52