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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. ~~1467~~ 5148

BIRTH NO.

REGISTRAR'S NO. 950

1. PLACE OF DEATH	A. COUNTY: Pima
B. LENGTH OF STAY	IN THIS TOWN: 18 yrs. IN ARIZONA: 55 yrs.
C. CITY OR TOWN	Tucson — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	428 S. 4th Ave.
2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).	A. STATE: Arizona B. COUNTY: Pima
C. CITY OR TOWN	Tucson — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	428 S. 4th Ave.
3. NAME OF DECEASED (TYPE OR PRINT)	A. (FIRST) Homer B. (MIDDLE) Hallam C. (LAST) Davenport
4. SEX	Male
5. COLOR OR RACE	White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married
7. DATE OF BIRTH	MONTH Aug. DAY 29 YEAR 1897
8. AGE (IN YEARS LAST BIRTHDAY)	55
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).	Retired engineer
9B. KIND OF BUSINESS OR INDUSTRY	Construction Engr.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Texas
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)	W.W.I and W.W.II
13. SOCIAL SECURITY NO.	526-10-7021
14A. FATHER'S NAME	Thomas Davenport
14B. BIRTHPLACE (STATE OR COUNTRY)	N.J.
15A. MOTHER'S MAIDEN NAME	Minnie Tevis
15B. BIRTHPLACE (STATE OR COUNTRY)	Mo.
16. INFORMANT'S SIGNATURE	Mrs Morris Ralf Davenport
ADDRESS	428 S.4th, Tucson, Ariz.
17. DATE OF DEATH	(MONTH) August (DAY) 6 (YEAR) 1953
18. CAUSE OF DEATH	ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 5810
MEDICAL CERTIFICATION	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Cirrhosis of liver
INTERVAL BETWEEN ONSET AND DEATH	3 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.
19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?	YES [ ] NO [X]
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 10, 1952, TO Aug 6, 1953, THAT I LAST SAW THE DECEASED ALIVE ON Aug. 6, 1953, AND THAT DEATH OCCURRED AT 5:20 p.m. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
23A. SIGNATURE (DEGREE OR TITLE)	Hugh H McFadyen MD
23B. ADDRESS	1305 Scott, Tucson Arizona
23C. DATE SIGNED	Aug 7, 1953
24A. BURIAL CREMATION [X] REMOVAL [ ]	
24B. DATE	8-8-53
24C. NAME OF CEMETERY OR CREMATORY	Evergreen Crematorium
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	Tucson, Ariz.
25A. DATE REC'D BY LOCAL REG.	8-8-53
25B. REGISTRAR'S SIGNATURE	Teresa H. Oakey Deputy
26. FUNERAL DIRECTOR'S SIGNATURE	Parker-Kerr Mortuary, Tucson, Ariz.
ADDRESS	
27. EMBALMER'S SIGNATURE	William C. Sawyer
CERT. NO.	351

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AND 44
AL RESIDENCE X—
ECEDENT 1
ERSONAL 455
DATA 4
853
CAUSE OF DEATH (TEM 18) 0
ERATIONS, UTOPSY 4
DEATH DUE TO XTERNAL OLENCE 1
EDICAL R CORONER'S IFICATION 1
UNERAL 55
RECTOR AND GISTRAR 2
155

FORM VS 2 REV. 4-15-52