ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3204

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 600

CE OF DEATH 11
AND 44
L RESIDENCE 4

1. PLACE OF DEATH
A. COUNTY Pima
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Tucson
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA Seven Years
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Tucson Medical Center

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE Arizona
B. COUNTY Pima
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Tucson
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 3120 N. Stone

CEDENT 1
ERSONAL 180
DATA 4
552

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Carrie B. (MIDDLE) Russell C. (LAST) More
4. SEX Female
5. COLOR OR RACE White
6. MARRIED M. NEVER MARRIED WIDOWED DIVORCED
7. DATE OF BIRTH MONTH 1 DAY 11 YEAR 72
8. AGE YEARS 80 MONTHS 4 DAYS 18
IF UNDER 24 HOURS HOURS -- MIN. --
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife
9B. KIND OF BUSINESS OR INDUSTRY Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Iowa
11. CITIZEN OF WHAT COUNTRY? U.S.
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. --
14A. FATHER'S NAME Henry A. Russell
14B. BIRTHPLACE (STATE OR COUNTRY) Maine
15A. MOTHER'S MAIDEN NAME Mary Alice Pinkery
15B. BIRTHPLACE (STATE OR COUNTRY) Iowa
16. INFORMANT'S SIGNATURE Byron More ADDRESS Tucson, Arizona
17. DATE OF DEATH (MONTH) May (DAY) 19, (YEAR) 1952

CAUSE OF DEATH (ITEM 18) 0

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 5410
*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

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Acute hemorrhage
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Duodenal ulcer
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Primary contracted pudney

INTERVAL BETWEEN ONSET AND DEATH

RATIONS, UTOPSY 1
19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

EATH UE TO TERNAL OLENCE 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?

EDICAL ORONER'S FICATION 1
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Seen After Death, 19__, THAT I LAST SAW THE DECEASED ALIVE ON __, 19__, AND THAT DEATH OCCURRED AT __ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE) Lawn Hinch MD TMC
23B. ADDRESS 20 May 52
23C. DATE SIGNED TMC

NERAL RECTOR AND ISTRAR 55
24A. BURIAL ☐ CREMATION ☐ C REMOVAL ☐
24B. DATE 5-23-52
24C. NAME OF CEMETERY OR CREMATORY Evergreen Crematory
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona
25A. DATE REC'D BY LOCAL REG. 5-22-52
25B. REGISTRAR'S SIGNATURE [signature] Deputy
26. FUNERAL DIRECTOR'S SIGNATURE Verna E. Locum ADDRESS Arizona Mortuary
27. EMBALMER'S SIGNATURE Leland F. Baker CERT. NO. 307

FORM VS 2 REV. 20M