ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7552

CERTIFICATE OF DEATH

REGISTRAR'S NO. 302

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY IN THIS TOWN: Seven Years; IN ARIZONA:
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): Pima County General 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): 3120 North Stone Avenue

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Byron B. (MIDDLE): Sylvester C. (LAST): More
4. SEX: male
5. COLOR OR RACE: white
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
7. DATE OF BIRTH: MONTH 11 DAY 10 YEAR 68
8. AGE (IN YEARS LAST BIRTHDAY): 84 — IF UNDER 1 YEAR: MONTHS / DAYS / HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Farmer
9B. KIND OF BUSINESS OR INDUSTRY: Farming
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): — (IF YES, WAR OR DATES OF SERVICE): —
13. SOCIAL SECURITY NO.: —
14A. FATHER'S NAME: David F. More
14B. BIRTHPLACE (STATE OR COUNTRY): Penna.
15A. MOTHER'S MAIDEN NAME: Sarah C. McMaines
15B. BIRTHPLACE (STATE OR COUNTRY): Indiana
16. INFORMANT'S SIGNATURE: Marion L. Russell — ADDRESS: Tucson, Arizona
17. DATE OF DEATH (MONTH) December (DAY) 1 (YEAR) 1952

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
†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) Chronic Nephritis — 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) Intermittent Mild Pneumonia
DUE TO (C)

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

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
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) (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

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11/26, 1952 TO 12/1, 1952 THAT I LAST SAW THE DECEASED ALIVE ON 12/1, 1952 AND THAT DEATH OCCURRED AT 3:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Frances McKean-MD (DEGREE OR TITLE)
23B. ADDRESS: Tucson Ariz Pima County Hosp.
23C. DATE SIGNED: 12/4/52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☒ REMOVAL ☐
24B. DATE: 12-4-52
24C. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
25A. DATE REC'D BY LOCAL REG.: 12-4-52
25B. REGISTRAR'S SIGNATURE: Clement F. Pokey — Deputy
26. FUNERAL DIRECTOR'S SIGNATURE: Verna E. Pocock — ADDRESS: Arizona Mortuary, Inc
27. EMBALMER'S SIGNATURE: Leland F. Baker — CERT. NO.: 307

FORM VS 2 REV. 4-15-52