

0803

96

CERTIFICATE OF DEATH

44
015
UNCHED
VERIFIED

PLACE OF DEATH AND RESIDENCE

1. PLACE OF DEATH A. COUNTY <u>Pima</u>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <u>All Life Same</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Pima</u>			
C. CITY OR TOWN <u>Tucson</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Tucson</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital.</u>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>1628 East Mabel St.</u>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

PRECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) <u>Mildred</u>			A. (FIRST)	B. (MIDDLE)	C. (LAST) <u>Brazil</u>	4. SEX <u>Fem</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (SPECIFY) <u>widowed</u>	
6B. NAME OF SPOUSE <u>Augusta John</u>			7. DATE OF BIRTH MONTH DAY YEAR <u>Feb. 10 1903</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>60 Yrs.</u>	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Ret'd. Sec'y.</u>		
9B. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Tucson, Ariz.</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>526 10 0681</u>	
14A. FATHER'S NAME <u>Burton H. Hall</u>			14B. BIRTHPLACE (STATE OR COUNTRY) <u>Ill.</u>		15A. MOTHER'S MAIDEN NAME <u>Lola Goodwin</u>			15B. BIRTHPLACE (STATE OR COUNTRY) <u>Tucson, Ariz.</u>	
16. INFORMANT'S SIGNATURE <u>Genevieve Buckner</u>					ADDRESS				
17. DATE OF DEATH			(MONTH)	(DAY)	(YEAR)	<u>January 16th, 1964</u>			

490x
CAUSE OF DEATH (EM 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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Pneumonia right upper lobe</u> DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Rheumatoid Arthritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>many years</u>
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OPERATIONS, AUTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>December 19 58</u> TO <u>Jan. 16 19 64</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>1/15 1964</u> , AND THAT DEATH OCCURRED AT <u>7:35 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
22A. SIGNATURE (DEGREE OR TITLE) <u>Genevieve Buckner, M.D.</u>		22B. ADDRESS <u>601 N. Wilcox Tucson, Ariz.</u>	22C. DATE SIGNED <u>1/17/64</u>

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT (SPECIFY) <u>SUICIDE</u>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Tucson, Pima, Arizona</u>
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>M</u>	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

OWNER'S SIGNIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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GENERAL DIRECTOR AND REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>1-20-64</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Holy Hope Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Tucson, Pima, Arizona</u>
26A. DATE REC. BY LOCAL REG. <u>1-20-64</u>	26B. REGISTRAR'S SIGNATURE <u>Harold J. Baker</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>REILLY FUNERAL HOME</u>	27B. ADDRESS <u>Tucson, Arizona</u>
28A. EMBALMER'S SIGNATURE <u>Detulfo</u>		28B. EMBALMER'S CERT. NO. <u>347</u>	