

UNCHECKED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

7364
1495

CERTIFICATE OF DEATH

REGISTRAR'S NO.

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Pima</u>		B. LENGTH OF STAY IN THIS TOWN <u>3 yrs.</u> IN ARIZONA <u>3 yrs.</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 type="checkbox"/> IN CITY LIMITS <input checked="" 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 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Tucson Medical Center</u>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>534 S. Longfellow</u> E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) <u>Boyden J. Almond</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>	
	6B. NAME OF SPOUSE <u>Ida</u>		7. DATE OF BIRTH MONTH <u>8</u> DAY <u>9</u> YEAR <u>90</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>71 yrs.</u>	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) <u>Socony Mobile Co.</u>
PERSONAL DATA	9B. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Ohio</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	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 <u>Fred Almond</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Ohio</u>		15A. MOTHER'S MAIDEN NAME <u>Laura Vedder</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Michigan</u>
	16. INFORMANT'S SIGNATURE <u>Mrs. Ida Almond</u> ADDRESS <u>Tucson, Arizona</u>				17. DATE OF DEATH (MONTH) <u>August</u> (DAY) <u>10</u> (YEAR) <u>1962</u>		

MEDICAL CERTIFICATION	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <i>1621 CAUSE OF DEATH ITEM 18)</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) <u>Pulmonary insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH
	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		DUE TO (B) <u>postoperative thrombosis</u>		
PLACE DISEASE CONTRACTED:		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>gastric ulcers</u>		DUE TO (C) <u>Bronchogenic carcinoma</u>	

OPERATIONS, AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma of lung</u>	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>July 18, 1962</u> TO <u>Aug 10, 1962</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>8/10</u> 19 <u>62</u> AND THAT DEATH OCCURRED AT <u>1:30 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE <u>BALDAUF, MD</u> (DEGREE OR TITLE) <u>Dr. Baldauf MD</u>		22B. ADDRESS <u>1001 W. Turner Rd</u>		22C. DATE SIGNED <u>8/11/62</u>	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	

CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED
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FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>8-12-62</u>	25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Holly, Michigan</u>
	26A. DATE REC. BY LOCAL REG. <u>8/11/62</u>	26B. REGISTRAR'S SIGNATURE <u>Fritta Fischer</u> Deputy		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Vernice G. Gress</u>		27B. ADDRESS <u>Arizona Mortuary</u>
				28A. EMBALMER'S SIGNATURE <u>Paul G. Gress</u>		28B. EMBALMER'S CERT. NO. <u>306</u>