

2782

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. **443**  
Registrar's No. **277**  
721 N Olsen Ave.  
(St. & No. (or) Name of Institution)  
In Arizona **742** yrs  
City or Town **TUCSON**  
(If outside city limits also write RURAL)  
Security No. **none**  
(If NONE write the word)

1. Place of Death: (a) County **Pima** (b) City or Town **TUCSON** (c) Location **721 N Olsen Ave.**  
(If outside city limits also write RURAL)  
(d) Length of Stay: In Hospital or Institution **none** (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State **Arizona** (b) County **Pima** (c) City or Town **TUCSON**  
(If outside city limits also write RURAL)  
(d) Street No. **721 N Olsen**

3. (a) FULL NAME **Ethel Tompkins Kitt**

4. Sex **Female** 5. Color or Race **White** 6. (a) Single, married, widowed **Widowed**  
6. (b) Name of husband or wife **Stanley J Kitt** 6. (c) Age of husband or wife, if alive **42** yrs

7. Birthdate of deceased **Dec 5, 1884**  
8. AGE: Years **58** Months **3** Days **14** (Day) (Year)  
If less than one day hrs. min.

9. Birthplace **Booneville, Mo**  
(City, town or county) (State or Country)

10. Usual Occupation **Housewife**

11. Industry or Business

12. Name **Unk** 13. Birthplace **Tompkins, Mo**  
(City, town or county) (State or Country)

14. Maiden Name **Unknown** 15. Birthplace **Unknown**  
(City, town or county) (State or Country)

16. (a) Informant's own signature **W. Stanley Kitt**  
(b) Address **721 N Olsen Ave - Tucson.**

17. (a) Burial, Cremation or Removal **Burial** (c) Date **Feb 21, 1942**  
(b) Place **Masonic Cemetery**

18. (a) Embalmer's Signature **H M Parker**  
(b) Funeral Director **Parker Mortuary**  
(c) Address **Tucson, Ariz.**

19. (a) **3-21-1942** (Date received local Registrar)  
(b) **J. N. Howard M.D.** (Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **March 19, 1942**, 19...  
TIME (Hour and minute) **8 AM**

21. I hereby certify that I attended the deceased from **Mar 17** to **Mar 19**, 19...  
that I last saw her **alive** on **Mar 17**, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the breast**

Due to **Chronic**

Other conditions (Include pregnancy within 3 months of death)   
Major findings: Of operations

Of autopsy

DURATION

**1942**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)   
(b) Date of occurrence **3-19-42**  
(c) Where did injury occur? (City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature **J. N. Howard M.D.** Date signed **3-20-42**  
Address **Tucson**