

UNCLERIFIED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9285

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1861

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Pima</u>		B. LENGTH OF STAY IN THIS TOWN <u>65 yrs</u> IN ARIZONA <u>65 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 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>383 S. Stone</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) A. (FIRST) <u>George</u> B. (MIDDLE) <u>William</u> C. (LAST) <u>Purcell</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>Martha Purcell</u>		7. DATE OF BIRTH MONTH <u>12</u> DAY <u>31</u> YEAR <u>93</u>		8. AGE (IN YEARS) LAST BIRTHDAY <u>68</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Medical</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Colorado</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>Yes</u>		13. SOCIAL SECURITY NO. <u>None</u>	
14A. FATHER'S NAME <u>Walter B. Purcell</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>-----</u>	
15A. MOTHER'S MAIDEN NAME <u>Edith Tompkins</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Missouri</u>	
16. INFORMANT'S SIGNATURE <u>Martha J. Purcell</u>		ADDRESS <u>383 S. Stone</u>	
17. DATE OF DEATH (MONTH) <u>October</u> (DAY) <u>17</u> (YEAR) <u>1962</u>			

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, ASTHENA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED:	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) <u>Coronary insufficiency</u>			
DUE TO (B) <u>arteriosclerosis</u>			
DUE TO (C)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>seen after death</u> TO <u>seen after death</u> 19 <u>62</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>11-15 P.</u> AND THAT DEATH OCCURRED AT <u>11:15 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
22A. SIGNATURE <u>Ben. Musick M.D.</u>	22B. ADDRESS <u>Tucson, Ariz</u>
22C. DATE SIGNED <u>18 Oct 62</u>	

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <u>NATURAL CAUSES</u>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR)	23E. INJURY OCCURRED	23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE <u>Acting Harold W. Hancock, Jr. Pima Co. Ariz.</u>		24B. ADDRESS <u>Courthouse, Room 6</u>		24C. DATE SIGNED <u>8-18-62</u>	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>10-22-62</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Tucson, Arizona</u>	

26A. DATE REC. BY LOCAL REG. <u>10-22-62</u>	26B. REGISTRAR'S SIGNATURE <u>[Signature]</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Harold W. Hancock</u>	27B. ADDRESS <u>Bring's Funeral Home Tucson, Arizona</u>
28A. EMBALMER'S SIGNATURE <u>[Signature]</u>		28B. EMBALMER'S CERT. NO. <u>222</u>	