

CERTIFICATE OF DEATH

REGISTRAR'S NO.

795

ORIGINAL VERIFIED EVIDENCE

PRECEDENT PERSONAL DATA

31X CAUSE OF DEATH EM (18)

OPERATIONS, TUPSY

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR

BIRTH NO.		1. PLACE OF DEATH A. COUNTY <u>Pima</u>		B. LENGTH OF STAY IN THIS TOWN <u>45 yrs</u> IN ARIZONA <u>45 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 South Stone-Apt # 8</u>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>383 South Stone-Apt # 8</u>			
E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED A. (FIRST) <u>MARTHA</u> B. (MIDDLE) <u>GREENWOOD</u> C. (LAST) <u>PURCELL</u>		4. SEX <u>Female</u>		5. COLOR OR RACE <u>White</u>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>	
6B. NAME OF SPOUSE <u>George W. Purcell, Dec.</u>		7. DATE OF BIRTH MONTH <u>6</u> DAY <u>2</u> YEAR <u>87</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>77</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Housewife</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arkansas</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) <u>No</u>	
13. SOCIAL SECURITY NO. <u>?</u>		14A. FATHER'S NAME <u>Wallace Greenwood</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		15A. MOTHER'S MAIDEN NAME <u>Martha Wilson</u>	
15B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		16. INFORMANT'S SIGNATURE <u>James B. Greenwood</u>		ADDRESS <u>Bisbee, Arizona</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>APRIL 13th 1965</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, ASTHENIA, 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>Cerebral hemorrhage associated with arteriosclerosis angina pectoris few months.</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. 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.				INTERVAL BETWEEN ONSET AND DEATH <u>few days</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1 Feb 1965</u> TO <u>4-13-1965</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>13 April 1965</u> , AND THAT DEATH OCCURRED AT <u>11:50 P. M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE <u>James B. Greenwood</u>		ADDRESS OR TITLE <u>M. D.</u>		22B. ADDRESS <u>Valley National Bank Building</u>		22C. DATE SIGNED <u>April 14, 1965</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)			
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?			
24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>4-17-65</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>4-14-65</u>		26B. REGISTRAR'S SIGNATURE <u>James B. Greenwood</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Howard A. Bung</u>		27B. ADDRESS <u>Funeral Home Tucson, Arizona</u>	
28A. EMBALMER'S SIGNATURE <u>Deputy Hugh C. Bell</u>				28B. EMBALMER'S CERT. NO. <u>411 A.</u>			