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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 448  
Registrar's No. 958  
City & No. (or) Name of Institution About 100 yards North of Benson Highway  
In Arizona 60 yrs  
City or Town Tucson  
If outside city limits also write RURAL  
If foreign born, in U. S. A. 61 yrs.  
Social Security No. 526-10-0471  
(If NONE write the word)

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location About 100 yards North of Benson Highway  
(If outside city limits also write RURAL)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 60 yrs; In Arizona 60 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz; (b) County Pima; (c) City or Town Tucson  
(If outside city limits also write RURAL)  
(d) Street No. 2043 E 4<sup>th</sup> St.; (e) If foreign born, in U. S. A. 61 yrs.  
3. (a) FULL NAME Stanley J. Kitt (b) If veteran name war NO (c) Social Security No. 526-10-0471  
(If NONE write the word)

4. Sex male 6. Color or Race white 6. (a) Single, married, widowed or divorced married  
6. (b) Name of husband or wife Ethel T Kitt 6. (c) Age of husband or wife, if alive 59 yrs.  
7. Birthdate of deceased Dec 19<sup>th</sup>, 1875  
(Month) (Day) (Year)  
8. AGE: Years 65 Months 11 Days 29 hrs. min.  
9. Birthplace Devonport, England  
(City, town or county) (State or Country)  
10. Usual Occupation Sgt & Magn. Tucson  
11. Industry or Business Merchant & Credit Assoc  
12. Name W. F. Kitt  
13. Birthplace England  
(City, town or county) (State or Country)  
14. Maiden Name Winkmann  
15. Birthplace England  
(City, town or county) (State or Country)  
16. (a) Informant's own signature [Signature]  
(b) Address Tucson, Arizona  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Masonic Cemetery (c) Date 12-20-1941  
18. (a) Embalmer's Signature John D. Reilly, Jr.  
(b) Funeral Director Reilly Undertaking Co  
(c) Address Tucson Ariz  
19. (a) 12-19-1941 (Date reported local Registrar)  
(b) J. W. Howard, M. D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 18<sup>th</sup>, 1941  
TIME (Hour and minute) About 10:00 A M.  
21. I hereby certify that I attended the deceased from seen after death  
that I last saw him live on 12-18-1941, 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death Seen after death  
Gun shot wound in head, self-inflicted 12/18/41  
DURATION  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy no autopsy  
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) suicide  
(b) Date of occurrence 12/18/41  
(c) Where did injury occur? Tucson Pima County, Ariz.  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Desert, about 100 yds N. of Benson H'way  
(Specify type of place)  
While at work? NO (e) Means of injury gun-shot wound  
23. Signature [Signature] (Coroner)  
Address Tucson, Arizona Date signed 12-19-1941