

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

10270

CERTIFICATE OF DEATH

REGISTRAR'S NO.

2124

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <i>Pima</i>		B. LENGTH OF STAY IN THIS TOWN <i>59 yrs.</i> IN ARIZONA <i>59 yrs.</i>		2. USUAL RESIDENCE A. STATE <i>Arizona</i>			B. COUNTY <i>Pima</i>		
	C. CITY OR TOWN <i>Tucson</i>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <i>Tucson</i>			<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
PRECEDENT PERSONAL DATA	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Joseph's Hospital</i>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <i>308 C. Second St.</i>			E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	3. NAME OF DECEASED A. (FIRST) <i>George</i> B. (MIDDLE) C. (LAST)			4. SEX <i>Male</i>		5. COLOR OR RACE <i>White</i>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Married</i>		
OPERATIONS, AUTOPSY	6B. NAME OF SPOUSE <i>Edith</i>		7. DATE OF BIRTH MONTH <i>6</i> DAY <i>28</i> YEAR <i>81</i>		8. AGE (IN YEARS) LAST BIRTHDAY <i>81 yrs.</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)			
	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Missouri</i>		11. CITIZEN OF WHAT COUNTRY? <i>USA</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)		13. SOCIAL SECURITY NO. <i>526-44-4098</i>	
MEDICAL CERTIFICATION	14A. FATHER'S NAME <i>Wm. D. Tompkins</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Missouri</i>		15A. MOTHER'S MAIDEN NAME <i>Nannie Nelson</i>		15B. BIRTHPLACE (STATE & COUNTRY) <i>Missouri</i>			
	16. INFORMANT'S SIGNATURE <i>Mrs. Edith Tompkins, Tucson, Arizona</i>				ADDRESS <i>Tucson, Arizona</i>		17. DATE OF DEATH MONTH <i>November</i> DAY <i>27</i> , YEAR <i>1962</i>			
DEATH DUE TO EXTERNAL VIOLENCE	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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH:		(A) <i>Cerebral accident</i>						<i>1 hour</i>	
CORONER'S CERTIFICATION	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (B) <i>Cerebral arteriosclerosis</i>						<i>UNKNOWN</i>	
	II. OTHER SIGNIFICANT CONDITIONS		DUE TO (C) <i>Generalized arteriosclerosis</i>						<i>UNKNOWN</i>	
FUNERAL DIRECTOR AND REGISTRAR	CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		<i>Fracture rt. hip</i>						<i>6 days</i>	
	19A. DATE OF OPERATION <i>11/16/62</i>		19B. MAJOR FINDINGS OF OPERATION <i>Fracture rt hip</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
FUNERAL DIRECTOR AND REGISTRAR	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>11/14</i> , 19 <i>62</i> TO <i>11/21/62</i> , 19 <i>62</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>11/21</i> , 19 <i>62</i> , AND THAT DEATH OCCURRED AT <i>11 P</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
	22A. SIGNATURE <i>Guarino, Christy A. Marino MD.</i>			22B. ADDRESS <i>744 N. Country Club</i>			22C. DATE SIGNED <i>11/23/62</i>			
FUNERAL DIRECTOR AND REGISTRAR	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <i>ACCIDENT</i>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <i>HOME</i>				23C. (CITY OR TOWN) (COUNTY) (STATE) <i>Tucson, Pima, Arizona</i>			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF NOV. <i>24</i> '62 INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? <i>Fell at home</i>					
FUNERAL DIRECTOR AND REGISTRAR	24. CORONER'S SIGNATURE <i>Charles H. Johnson, MD</i>			24B. ADDRESS <i>115 N. Church, Tucson</i>			24C. DATE SIGNED <i>11/27/62</i>			
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <i>11-26-62</i>		25C. NAME OF CEMETERY OR CREMATORY <i>Evergreen-Masonic Cemetery</i>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Tucson, Arizona</i>			
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. <i>11-27-62</i>		26B. REGISTRAR'S SIGNATURE <i>James H. Baker</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas G. Brown</i>		27B. ADDRESS <i>Arizona Mortuary</i>			
	28A. EMBALMER'S SIGNATURE <i>Deparis L. Baker</i>		28B. EMBALMER'S CERT. NO. <i>307</i>							