

CERTIFICATE OF DEATH

REGISTRAR'S NO. 308

1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN 16 yrs IN ARIZONA 16 yrs		2. USUAL RESIDENCE A. STATE Arizona		B. COUNTY Pima	
C. CITY OR TOWN Tucson		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Tucson		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 216 W Roger Road			
3. NAME OF DECEASED A. (FIRST) Bertha B. (MIDDLE) Lee C. (LAST) DeVore			4. SEX female		5. COLOR OR RACE white		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married
6B. NAME OF SPOUSE ee H. DeVore		7. DATE OF BIRTH MONTH DAY YEAR Nov. 23 1904		8. AGE (IN YEARS LAST BIRTHDAY) 59		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) housewife	
9B. KIND OF BUSINESS OR INDUSTRY home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES (YES, NO, OR UNKNOWN) no		13. SOCIAL SECURITY NO. none		
14A. FATHER'S NAME Lee Crane		14B. BIRTHPLACE (STATE OR COUNTRY) unknown	15A. MOTHER'S MAIDEN NAME Dora Lucas		15B. BIRTHPLACE (STATE OR COUNTRY) unknown		
16. INFORMANT'S SIGNATURE			ADDRESS Tucson		17. DATE OF DEATH MONTH DAY YEAR February 12 1964		
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, ARTERIAL, 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</u> <u>Cerebral arteriosclerosis</u> 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	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept. 7 1962 TO Feb. 12 1964 THAT I LAST SAW THE DECEASED ALIVE ON _____ AND THAT DEATH OCCURRED AT 10:12 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE <i>[Signature]</i>			22B. ADDRESS 0.5 Bridge St.		22C. DATE SIGNED Feb 14 64		
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		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) (HOURS) OF INJURY		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 Feb. 17/64	25C. NAME OF CEMETERY OR CREMATORY South Lawn Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona		
26A. DATE REC BY LOC. REC. 2-16-64	26B. REGISTRAR'S SIGNATURE <i>[Signature]</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		27B. ADDRESS Tucson, Arizona		
	28A. EMBALMER'S SIGNATURE <i>[Signature]</i>		28B. EMBALMER'S CERT. NO. 412A				

CERTIFIED COPY OF VITAL RECORD

STATE OF ARIZONA)
COUNTY OF MARICOPA)

Date issued APRIL 2 1979

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, AZ.

Issued under the authority of A.R.S. 36-341, and by direction of:

SUZANNE DANDROY, M.D., M.P.H., Director
Department of Health Services
State Registrar

[Signature]
ALFONSO BRAVO
Assistant State Registrar

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