

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS DEATH NO.
CERTIFICATE OF DEATH D 102-

NAME OF DECEASED A. FIRST B. MIDDLE C. LAST			SEX	DATE OF DEATH MONTH DAY YEAR	
MERLE M. SMITH			FEMALE	3. JULY 23, 1989	
RACE (e.g., white, black, American Indian, [specify tribe] etc.) SPECIFY:		WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO)		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	
4A. White		B. No		5. No	
PLACE OF DEATH A. COUNTY	B. TOWN OR CITY	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS)		D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER. <input checked="" type="checkbox"/> IN PATIENT	
6. Pima	Tucson	Tucson Medical Center			
DATE OF BIRTH MONTH DAY YEAR	AGE (YEARS) LAST BIRTHDAY	IF UNDER 1 YEAR MOS. DAYS	IF UNDER 1 DAY HRS. MIN.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
7. December 12, 1889	8A. 99			9. Widowed	
STATE AND CITY OF BIRTH (if not in USA, name country)		CITIZEN OF WHAT COUNTRY?	SOCIAL SECURITY NO.	USUAL OCCUPATION (Give kind of work done most of working life, even if retired)	
11. Anniston Alabama		12. U.S.A.	13. 526 31 5752	14A. Homemaker	
USUAL RESIDENCE A. STATE	B. COUNTY	C. TOWN OR CITY	D. ZIP CODE	HOW LONG IN ARIZONA? 16. 84 years	
15. Arizona	Pima	Tucson	85712	17. EDUCATION HIGHEST GRADE COMPLETED	
STREET ADDRESS OR R.F.D.		INSIDE CITY LIMITS? (SPECIFY Yes or No)	ON RESERVATION (SPECIFY Yes or No)	PREVIOUS STATE OF RESIDENCE	
15E. 2560 N. Fair Oaks Avenue		15F. Yes	15G. No	18. Alabama	
FATHER'S NAME A. FIRST B. MIDDLE C. LAST		MOTHER'S MAIDEN NAME A. FIRST B. MIDDLE C. LAST		ELEMENTARY-SECONDARY (0-12)	
19. Louis Ingram		20. Martha Cooke		COLLEGE (1-4 or 5+)	
INFORMANT'S SIGNATURE 21. Timothy D. Smith by/		RELATIONSHIP TO DECEASED 22. Son	ADDRESS 23. 2560 N. Fair Oaks Ave., Tucson, Arizona 85712		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	DATE 25. 7-26-1989	CEMETERY OR CREMATORY - NAME/LOCATION 26. TMP-South Lawn Tucson, Arizona		EMBALMER'S SIGNATURE 27A. Charles E. Barger	
24. Burial				CERT. NO. R780	
FUNERAL HOME NAME	STREET ADDRESS	CITY AND STATE	FUNERAL DIRECTOR or person acting as such (SIGNATURE) 29A. [Signature]		
28. Bring's Broadway Chapel, P.O. Box 1423, Tucson, Arizona			CERT. NO. 69A		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.			
30. SIGNATURE AND TITLE Charles Waldron, M.D.		34. SIGNATURE AND TITLE [Signature]			
DATE SIGNED (Mo., Day, Year) 31. 7-25-89		HOUR OF DEATH 32. 0410			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		35. PRONOUNCED DEAD (Mo., Day, Year)		36. PRONOUNCED DEAD (Hour)	
		37. ON		38. AT	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print)			AUTHORIZED FOR CREMATION (SPECIFY) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MEDICAL EXAMINER'S SIGNATURE	
39. Charles Waldron, M.D., 630 N. Alvernon Tucson AZ			40.	41.	
DATE REGISTERED	REG. FILE NO.	REGISTRAR'S SIGNATURE	REG. DISTRICT	DATE REC'D. IN STATE OFFICE	
47. JULY 26, 1989	43. 3553	44. [Signature]	45. 1017	46.	
SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE: ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST.	A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	PART I B. DUE TO OR AS A CONSEQUENCE OF:				ONE WEEK
	C. DUE TO OR AS A CONSEQUENCE OF:				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)	
48. ASCITES			49. No	50. No	
MANNER OF DEATH	DATE OF INJURY MO DAY YR	HOUR	INJURY AT WORK? (Specify Yes or No)	DESCRIBE HOW INJURY OCCURRED	
<input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE	<input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED	52.	53. M 54.	55.	
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY		WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE			
51. SUPPLEMENTARY ENTRIES		56.			
58.		57.			

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA }
COUNTY OF PIMA } SS DATE ISSUED JULY 28, 1989

This is a true and exact reproduction of the document officially registered and to be placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

[Signature]
MICHAEL CHECKON
Chief Deputy County Registrar
Pima County Health Department



This copy not valid unless prepared on engraved border displaying county seal in color and impressed with raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE