

D. L. Secrist, MD  
123 S. Stone

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5941

CERTIFICATE OF DEATH

1057

18  
E OF DEATH  
AND  
RESIDENCE  
5

2/3  
CEDENT  
PERSONAL  
DATA  
182  
6  
051

4301  
CAUSE  
OF  
DEATH  
ITEM 18)

OPERATIONS,  
AUTOPSY  
DEATH  
DUE TO  
INTERNAL  
VIOLENCE

MEDICAL  
CORONER'S  
CERTIFICATION

FUNERAL  
DIRECTOR  
AND  
REGISTRAR  
55  
2

1. PLACE OF DEATH A. COUNTY <b>Pima</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. COUNTY <b>Pima</b>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <b>Tucson</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>Tucson</b>	
C. LENGTH OF STAY THIS PLACE IN ARIZONA <b>14 Yrs.</b> <b>14 Yrs.</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>3508 E. Fairmount</b>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION <b>3508 E. Fairmount</b>			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Fannie Ida</b> B. (MIDDLE) <b>Cloud</b> C. (LAST)			4. SEX <b>Female</b>
5. COLOR OR RACE <b>White</b>			
6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED		7. DATE OF BIRTH MONTH <b>9</b> DAY <b>7</b> YEAR <b>69</b>	
8. AGE YEARS <b>82</b> MONTHS <b>1</b> DAYS <b>8</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <b>Housewife</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Missouri</b>	
11. CITIZEN OF WHAT COUNTRY? <b>USA</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>	
13. SOCIAL SECURITY NO. <b>None</b>		14A. FATHER'S NAME <b>Thomas Buck</b>	
14B. BIRTHPLACE (STATE OR COUNTRY) <b>England</b>		15A. MOTHER'S MAIDEN NAME <b>Marie Marschal</b>	
15B. BIRTHPLACE (STATE OR COUNTRY) <b>France</b>		16. INFORMANT'S SIGNATURE <b>Marie C. Bailey</b>	
ADDRESS <b>3508 E. Fairmount</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>October 15, 1951</b>	
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 CONDITIONS DIRECTLY LEADING TO DEATH (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH <b>General Senility</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Feb 6, 1951</b> TO <b>Oct 15, 1951</b> . THAT I LAST SAW THE DECEASED ALIVE ON <b>Feb 6, 1951</b> AND THAT DEATH OCCURRED AT <b>50 M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE (DEGREE OR TITLE) <b>D. L. Secrist M.D.</b>		23B. ADDRESS <b>123 S. Stone, Tucson, Ariz</b>	
23C. DATE SIGNED <b>10-17-51</b>			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>10-18-51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Tucson, Arizona</b>	
25A. DATE REC'D BY LOCAL REG. <b>10-17-51</b>		25B. REGISTRAR'S SIGNATURE <b>Arnell J. D...</b>	
26. FUNERAL DIRECTOR'S SIGNATURE <b>Howard A. B...</b>		27. EMBALMER'S SIGNATURE <b>Marie W. ...</b>	
26. ADDRESS <b>Briggs' Funeral Home</b>		27. ADDRESS <b>Tucson, Arizona</b>	
CERT. NO. <b>223R</b>			