

34. ۵۲۰

STATE OF ARIZONA

cc. James Morgan

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

DEATH NO. Vol M99 Page 2292

NAME OF DECEASED
DOROTHY
MAY
MORGAN

B. MIDDLE
C. LAST

SEX
FEMALE

DATE OF DEATH
JUNE 6, 1998

MONTH
JUNE

DAY
6

YEAR
1998

RACE (e.g., white, black, American Indian, (specify tribe) etc.)
WHITE

WAS DESCENDANT OF HISPANIC ORIGIN (SPECIFY YES OR NO)
NO

IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.

WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)
NO

PLACE OF BIRTH
PIMA

TOWN OR CITY
TUCSON

C. HOSPITAL OR INSTITUTION
TUCSON MEDICAL CENTER

DATE OF BIRTH
JANUARY 24, 1920

AGE (YEARS LAST BIRTHDAY)
78

IF UNDER 1 DAY
HRS. MIN.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
MARRIED

SURVIVING SPOUSE
JAMES MORGAN

STATE AND COUNTY (if not in USA, name country)
ARIZONA PIMA

CITIZEN OF WHAT COUNTRY?
USA

SOCIAL SECURITY NO.
037-03-7585

USUAL RESIDENCE
ARIZONA PIMA

C. TOWN OR CITY
TUCSON

D. ZIP CODE
85746

HOW LONG IN ARIZONA?
44 YEARS

KIND OF BUSINESS OR INDUSTRY
OWN HOME

STREET ADDRESS OR R.F.D.
3941 W. AJO WAY

INSIDE CITY LIMITS? (SPECIFY YES OR NO)
NO

RELATIONSHIP TO DECEASED
HUSBAND

PREVIOUS STATE OF RESIDENCE
RHODE ISLAND

E. ELEMENTARY-SECONDARY (0-12)
12

COLLEGE (1-4 or 5+)

12. EVERETT

13. HANSEN

14. LIN

15. AUBIN

INFORMANT'S SIGNATURE
JAMES MORGAN

DATE
6/10/1998

CEMETERY OR CREMATORY - NAME AND LOCATION
SOUTH LAWN CREMATORY, TUCSON, AZ

FUNERAL HOME
SOUTH LAWN MORTUARY, 5401 S. PARK AVE., TUCSON, AZ

TO BE COMPLETED BY CERTIFIED PHYSICIAN ONLY

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.

30. SIGNATURE AND TITLE
[Signature]

31. DATE SIGNED (Mo., Day, Year)
6/10/98

32. HOUR OF DEATH
14:5

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER (Type or Print))

TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY

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

34. SIGNATURE AND TITLE
[Signature]

35. DATE SIGNED (Mo., Day, Year)

36. HOUR OF DEATH

37. PRONOUNCED DEAD (Mo., Day, Year)

38. PRONOUNCED DEAD (Hour)

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY
Dr. Mitchell Parker, MD, 6365 E. Tanque Verde, Tucson, AZ

DATE OF EXAMINATION
JUNE 12, 1998

REG. FILE NO.
3748

REGISTRATION SIGNATURE
[Signature]

DEPUTY
[Signature]

AUTHORIZED FOR CREMATION (SPECIFY)
Yes [] No []

MEDICAL EXAMINER'S SIGNATURE
[Signature]

REG. DISTRICT
1004

DATE REC'D. IN STATE OFFICE
6/12/98

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 hrs

PART II: Other scientific conditions contributing to death but not resulting in the underlying cause given in Part I

4. TYPE II DIABETES

NUMBER OF DEATH CAUSES
1

DATE OF INJURY
MO DAY YR

HOUR

INJURY AT WORK? (Specify Yes or No)
no

WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)
yes-cremation

DESCRIBE HOW INJURY OCCURRED

PLACE OF INJURY (At home, farm, street, factory, etc.)
SPECIFY

WHERE LOCATED

STREET ADDRESS

CITY OR TOWN

STATE

SUPPLEMENTARY ENTRIES

STATE OF ARIZONA

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA }
COUNTY OF PIMA } SS

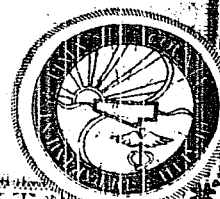
CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED **JUNE 16, 1998**

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 R.S. 36-341, and by direction of:

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

DENNIS W. DOUGLAS
County Registrar
Pima County Health Department



22923

State of Oregon, County of Klamath
Recorded 6/10/99, at 1:43 pm.
In Vol. M99 Page 22922
Linda Smith,
County Clerk Fee \$ 15-