CERTIFICATION OF VITAL RECORD

99 JUL 10 PM 1:43

STATE OF ARIZONA

Re: Dr. James Morgan Jr.

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

DEATH NO. Vol M99 Page 2292

1. Name of Deceased: A. First: DOROTHY; B. Middle: MAY; C. Last: MORGAN
2. Sex: FEMALE
3. Date of Death: JUNE 6, 1998
4A. Race: WHITE
4B. Was decedent of Hispanic origin: NO
4C. If yes, indicate Mexican, Spanish, Puerto Rican, Cuban, etc.:
5. Was deceased ever in U.S. Armed Forces: NO
6. Place of Death: A. County: PIMA; B. Town or City: TUCSON; C. Hospital or Institution: TUCSON MEDICAL CENTER; D. ☐ DOA ☐ OP/EMER. ☒ IN PATIENT
7. Date of Birth: JANUARY 24, 1920
8A. Age (years last birthday): 78; B. If under 1 year: Mos. Days; C. If under 1 day: Hrs. Min.
9. Married, never married, widowed, divorced: MARRIED
10. Surviving Spouse: JAMES MORGAN
11. State and City of Birth: CUMBERLAND, RI
12. Citizen of what country: USA
13. Social Security No.: 037-03-7585
14A. Usual Occupation: HOMEMAKER
14B. Kind of Business or Industry: OWN HOME
15. Usual Residence: A. State: ARIZONA; B. County: PIMA; C. Town or City: TUCSON; D. Zip Code: 85746
15E. Street Address or R.F.D.: 3941 W. AJO WAY
15F. Inside City Limits: NO
15G. On Reservation: NO
16. How long in Arizona: 44 YEARS
17. Education, Highest Grade Completed: A. Elementary-Secondary (0-12): 12; B. College (1-4 or 5+):
19. Previous State of Residence: RHODE ISLAND
20. Father's Name: A. First: EVERETT; B. Middle: ; C. Last: HANSEN
Mother's Maiden Name: A. First: LINA; B. Middle: ; C. Last: AUBIN
21. Informant's Signature: JAMES MORGAN
22. Relationship to Deceased: HUSBAND
23. Address: 3941 W. AJO WAY, TUCSON, AZ 85746
24. Burial, Cremation, Removal, Other: CREMATION
25. Date: 6/10/1998
26. Cemetery or Crematory - Name, Location: SOUTH LAWN CREMATORY, TUCSON, AZ
27A. Embalmer's Signature: NOT EMBALMED
28. Funeral Home Name, Street Address, City and State: SOUTH LAWN MORTUARY, 5401 S. PARK AVE., TUCSON, AZ
29A. Funeral Director: [signature] Cert. No. 681

To be completed by certifying 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: 6/8/98
32. Hour of Death: 1435
33. Name of attending physician if other than certifier:

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:
35. Date Signed:
36. Hour of Death:
37. Pronounced Dead (Mo., Day, Year): ON
38. Pronounced Dead (Hour): AT

39. Name and Address of Certifier: Mitchell Parker, MD, 6365 E. Tanque Verde, Tucson AZ
40. Authorized for Cremation: ☒ Yes ☐ No
41. Medical Examiner's Signature: [signature]
Date Registered: JUNE 12, 1998
Reg. File No.: 3748
Registrar's Signature: [signature], DEPUTY
Reg. District: 1004
46. Date Rec'd in State Office:

Part I:
A. Immediate cause: Alzheimers Disease — Approximate interval: 4 yr
B. Due to or as a consequence of:
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
44. Type I Diabetes

45. Autopsy: no
50. Was case referred to Medical Examiner: yes-cremation
51. Manner of Death: ☐ Natural Causes ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Undetermined
52. Date of Injury:
53. Hour:
54. Injury at Work:
55. Describe how injury occurred:
56. Place of Injury:
57. Where located? Street Address, City or Town, State:
58. Supplementary Entries:

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA
COUNTY OF PIMA } SS

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 ARS 36-341, and by direction of:

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10854 585

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-