

CERTIFICATE OF DEATH

REGISTRAR'S NO. **322E**

BIRTH NO.

14 074
32
29/01
5
PLACE OF DEATH
AND
USUAL RESIDENCE

17
1
169
6
847
ANTECEDENT
PERSONAL
DATA

4500
0
0
CAUSE
OF
DEATH
(ITEM 18)

2
OPERATIONS,
AUTOPSY

1
DEATH
DUE TO
EXTERNAL
VIOLENCE

1
MEDICAL
CORONER'S
CERTIFICATION

11
FUNERAL
DIRECTOR
AND
REGISTRAR

1. PLACE OF DEATH A. COUNTY Yavapai		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Maricopa	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) TOWN Prescott		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 2 yrs 37 yrs		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 6728 N. 11th Ave.	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Arizona Pioneer Home			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Charles B. (MIDDLE) R. C. (LAST) Tonneman			4. SEX Male
5. COLOR OR RACE White			
6. MARRIED - - - - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		7. DATE OF BIRTH MONTH Sept DAY 10 YEAR 1881	
8. AGE YEARS 69 MONTHS 10 DAYS 24		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Accountant	
9B. KIND OF BUSINESS OR INDUSTRY Unknown		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	
11. CITIZEN OF WHAT COUNTRY? U. S.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Unknown	
13. SOCIAL SECURITY NO. Unknown		14A. FATHER'S NAME Richard Tonneman	
14B. BIRTHPLACE (STATE OR COUNTRY) Germany		15A. MOTHER'S MAIDEN NAME Moll	
15B. BIRTHPLACE (STATE OR COUNTRY) Unknown		16. INFORMANT'S SIGNATURE ADDRESS Linnie A. Tonneman, 6728 N. 11th Ave. Phoenix	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 4 1951		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.	
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, pulmonary		MEDICAL CERTIFICATION	
2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. (b) _____		INTERVAL BETWEEN ONSET AND DEATH several years	
3. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. (c) _____			
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 M <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7-22 19 51 TO 8/4 19 51 . THAT I LAST SAW THE DECEASED ALIVE ON 7/4 19 51 AND THAT DEATH OCCURRED AT 7:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE (DEGREE OR TITLE) W. R. Shepard M.D.		23B. ADDRESS Prescott, Arizona	
23C. DATE SIGNED 8-6-51			
24A. BURIAL <input type="checkbox"/> CREMATION REMOVAL <input checked="" type="checkbox"/>		24B. DATE Aug. 5, 1951	
24C. NAME OF CEMETERY OR CREMATORY Unknown		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona	
25A. DATE REC'D BY LOCAL REG. 8/6/51		25B. REGISTRAR'S SIGNATURE Paul F. [Signature]	
26. FUNERAL DIRECTOR'S SIGNATURE [Signature]		27. EMBALMER'S SIGNATURE Henry Hampton	
CERT. NO. 308			

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