

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4331

Local Registrar's No. 156

1. PLACE OF DEATH

County Yuma State Arizona  
 District or Township Yuma or Village \_\_\_\_\_  
 City Yuma No. General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number). Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Franklin St., \_\_\_\_\_ Ward, \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and State)  
 Length of residence in city or town where death occurred 13 yrs. \_\_\_\_ mos. \_\_\_\_ da. How long in U. S. if of foreign birth? yrs. \_\_\_\_ mos. \_\_\_\_ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR or RACE white 5. SINGLE, MARRIED, WIDOWED or DIVORCED widowed  
 (Write the word)

6a. If married, widowed, or divorced HUSBAND of Aug 22 1845 (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year)

7. AGE 84 Years 7 Months 13 Days 13 LESS than 1 day or \_\_\_\_ hrs. \_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business or establishment in which employed (or employer)  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (city or town) Texas (State or country) Clark, Cloud

10. NAME OF FATHER Miss

11. BIRTHPLACE OF FATHER \_\_\_\_\_ (city or town) (State or country) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Pat

13. BIRTHPLACE OF MOTHER Yuma (city or town) (State or country) \_\_\_\_\_

14. Informant John W. Stacey

(Address) Yuma, Ariz

15. Filed Sept 9 1929

25074

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 5 1929  
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Aug 15 1929 to Sept 5 1929  
 that I last saw him alive on Sept 5 1929  
 and that death occurred, on the date stated above, at 9:00 a.m.  
 The CAUSE OF DEATH<sup>s</sup> was as follows:

Serumity

CONTRIBUTORY (Secondary) Dianthra  
 (duration) 3 yrs. \_\_\_\_ mos. \_\_\_\_ da.  
 (duration) \_\_\_\_ yrs. 1 mos. \_\_\_\_ da.

18. Where was disease contracted \_\_\_\_\_  
 If not at place of death? \_\_\_\_\_

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? Clinical  
 (Signed) John W. Stacey, M. D. (Address) Yuma, Ariz  
2/10 1929

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Yuma Cemetery DATE OF BURIAL 9/9-29

20. UNDERTAKER John W. Stacey

ADDRESS Yuma Ariz

MARGIN RESERVED FOR BINDING. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY CHECKED AND CORRECTED BEFORE THIS IS A PERMANENT RECORD. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE FULLY UNDERSTOOD BY ALL WHO READ IT. EXACT STATEMENT OF OCCURRENCE IS VERY IMPORTANT. CAUSE OF DEATH SHOULD BE FULLY CLASSIFIED.

N. B.—WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE FULLY UNDERSTOOD BY ALL WHO READ IT. EXACT STATEMENT OF OCCURRENCE IS VERY IMPORTANT. CAUSE OF DEATH SHOULD BE FULLY CLASSIFIED.