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AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Yuma
District Yuma
Town Yuma
Or City Yuma

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 441
County Registered No. 87
Local Registrar's No. 85

No. _____ St. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)
FULL NAME Almeda Rose Benton

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White Indian Black Chinese Mexican
SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH July 22 1883
(Month) (Day) (Year)
36 yrs 2 mos 13 days hrs. or min.

OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) California

NAME OF FATHER Will Frakes

BIRTHPLACE OF FATHER (State or Country) California

MAIDEN NAME OF MOTHER Mary Woods

BIRTHPLACE OF MOTHER (State or Country) California

The Above Is True to the Best of My Knowledge (Informant) W. Johnson
(Address) Yuma Ariz.

PLACE OF BURIAL OR REMOVAL In Angler Cal DATE OF BURIAL OR REMOVAL 7/9 1919

UNDERTAKER W. Johnson ADDRESS Yuma Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1919
(Month) (Day) (Year)

I hereby certify, that I attended deceased from June 10 1919 to Apr 5 1919; that I last saw him alive on 4/10/19 and that death occurred on the date stated above at 4:00 P.M. The DISEASE or INJURY causing Death was as follows: Pneumonia

(Duration) _____ yrs. _____ mos. _____ days

Was disease contracted in Arizona? Yes
If not, where? _____

CONTRIBUTORY Influenza
(Duration) _____ yrs. _____ mos. _____ days

(Signed) H. Vance Clymer
4 9 1919 (Address) Yuma

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE
At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.

Former or Usual Residence _____
Filed _____

Filed April 9 1919 H. Wupperman
5/10 1919 County Registrar

Filed 5/10 1919 W. Rooney
County Registrar