ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2684

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 68

1. PLACE OF DEATH
A. COUNTY: Yuma
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Yuma, rural
C. LENGTH OF STAY: IN THIS PLACE 12 yr; IN ARIZONA 12 yr
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Yuma General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Somerton
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 428 Somerton Avenue

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): WALTER
B. (MIDDLE): ANTONE
C. (LAST): JACOBY

4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Dec, DAY 1, YEAR 1891
8. AGE: YEARS 60, MONTHS 4, DAYS 25
IF UNDER 24 HOURS: HOURS, MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Proprietor
9B. KIND OF BUSINESS OR INDUSTRY: Jacoby and Sons
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) yes (IF YES, WAR OR DATES OF SERVICE) WW1
13. SOCIAL SECURITY NO.
14A. FATHER'S NAME: Adolph Jacoby
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Mary Novian
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Mrs Lena Jacoby Box 1278 Somerton Ariz.
17. DATE OF DEATH: (MONTH) April (DAY) 26 (YEAR) 1952

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 193 X
*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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Brain tumor malignant 5 mo.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Uremia. Hypostatic pneumonia 3 days 3 days
INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: ?
19B. MAJOR FINDINGS OF OPERATION: malignant tumor brain
20. AUTOPSY? YES ☐ NO ☒
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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec 1951 TO April 1952 THAT I LAST SAW THE DECEASED ALIVE ON 25 April 1952 AND THAT DEATH OCCURRED AT 1A M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): James Volpe MD
23B. ADDRESS: 439 1st Ave Yuma
23C. DATE SIGNED: 26 April 52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 4-28-52
24C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Mem Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona
25A. DATE REC'D BY LOCAL REG.: 4-29-52
25B. REGISTRAR'S SIGNATURE: Mario Nelson
26. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary Inc By O. C. Johnson Pres
ADDRESS: Box 310
27. EMBALMER'S SIGNATURE: O. C. Johnson
CERT. NO. 19A

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FORM VS 2 REV. 3-50 15M