ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5587

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH

A. COUNTY: Yuma

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Ehrenberg

C. LENGTH OF STAY IN THIS PLACE: 1 hr; IN ARIZONA: 1 hr

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ½ Mi. North of Highway 60-70

USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).

A. STATE: California

B. COUNTY: Riverside

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Blythe

D. STREET ADDRESS (IF RURAL, GIVE LOCATION): South Ripley Road

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JOHN B. (MIDDLE) ALBERT C. (LAST) PIERSON

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH: MONTH Mar DAY 22 YEAR 1915

8. AGE: YEARS 37 MONTHS 5 DAYS 29

IF UNDER 24 HOURS: HOURS ___ MIN. ___

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Road Maintenance Man

9B. KIND OF BUSINESS OR INDUSTRY: Highway Dept

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California

11. CITIZEN OF WHAT COUNTRY? USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) no (IF YES, WAR OR DATES OF SERVICE)

13. SOCIAL SECURITY NO. 566-18-4119

14A. FATHER'S NAME: John E. Pierson

14B. BIRTHPLACE (STATE OR COUNTRY): Mo

15A. MOTHER'S MAIDEN NAME: Bessie E. Graham

15B. BIRTHPLACE (STATE OR COUNTRY): Mo.

16. INFORMANT'S SIGNATURE: Blythe Mortuary, Blythe, California ADDRESS

17. DATE OF DEATH: (MONTH) September (DAY) 21 (YEAR) 1952

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 226 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) Self inflicted Gunshot wound in Forehead with 38 Calibre Colt Revolver — Inst

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.

INTERVAL BETWEEN ONSET AND DEATH

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ (SPECIFY) Suicide

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): On Parker Highway ½ Mi north of Highway 60 Ehrenberg

21C. (CITY OR TOWN) (COUNTY) Yuma (STATE) Ariz

21D. TIME OF INJURY (MONTH) 9-21-52 (DAY) (YEAR) (HOUR) 9:30P M

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Self inflicted

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM never, 19____, TO ____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19____, AND THAT DEATH OCCURRED AT 9:30P M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: Geo. Hagely (DEGREE OR TITLE) Coroner

23B. ADDRESS: Quartzsite, Arizona

23C. DATE SIGNED: 9-22-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒

24B. DATE: 9-22-52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona

25A. DATE REC'D BY LOCAL REG.: 9/22/52

25B. REGISTRAR'S SIGNATURE: Elsie M. Kuehn

26. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary, Inc — R E Johnson — ADDRESS: Box 310 Yuma, Arizona

27. EMBALMER'S SIGNATURE: R E Johnson — CERT. NO. 246A

FORM VS 2 REV. 3-50 15M

15 33
ACE OF DEATH
38 AND 00
AL RESIDENCE
0

DECEDENT PERSONAL DATA 137 4 952

CAUSE OF DEATH (ITEM 18) 0 0

OPERATIONS, AUTOPSY 2

DEATH DUE TO EXTERNAL VIOLENCE

MEDICAL CORONER'S CERTIFICATION 5

FUNERAL DIRECTOR AND REGISTRAR 77 1 70246