ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2119

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 45

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY — IN THIS TOWN: Unk. IN ARIZONA: Unk.
C. CITY OR TOWN: Aztec ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3 mi East on RR Track

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Colorado B. COUNTY: Jefferson
C. CITY OR TOWN: Golden ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rt. 2, Box 273

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Luther B. (MIDDLE) C C. (LAST) Yates Jr

4. SEX: M
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH — MONTH: May DAY: 8 YEAR: 1921
8. AGE (IN YEARS LAST BIRTHDAY): 33
IF UNDER 1 YEAR — MONTHS: 10 DAYS: 21 IF UNDER 24 HRS. — HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Unknown
9B. KIND OF BUSINESS OR INDUSTRY: Unknown
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Columbus, Ga.
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.:
14A. FATHER'S NAME: Luther C. Yates, Sr.
14B. BIRTHPLACE (STATE OR COUNTRY): Alabama
15A. MOTHER'S MAIDEN NAME: Jewel Scroggins
15B. BIRTHPLACE (STATE OR COUNTRY): Alabama
16. INFORMANT'S SIGNATURE: Luther Yates Sr. ADDRESS: Dallas, Texas
17. DATE OF DEATH (MONTH) March (DAY) 29 (YEAR) 1955

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Body search at twist — INTERVAL BETWEEN ONSET AND DEATH: instant
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.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3-29-55, 19__, TO 3-29-55, 19__, THAT I LAST SAW THE DECEASED ALIVE ON NEVER, 19__, AND THAT DEATH OCCURRED AT 6:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Nathan D. Kline (DEGREE OR TITLE) MD
22B. ADDRESS: Box 818 Wellton Arizona
22C. DATE SIGNED: 3-29-55

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): RR Track
23C. (CITY OR TOWN) (COUNTY) (STATE): Aztec Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 3 - 29 1955 6:00 AM
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Fell from train Unauthorized rider

24A. CORONER'S SIGNATURE: Geo. T. Witter
24B. ADDRESS: PO Box 384 Wellton Ariz
24C. DATE SIGNED: 3/29/55

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: March 29, 1955
25C. NAME OF CEMETERY OR CREMATORY:
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Yuma, Arizona
26A. DATE REC. BY LOCAL REG.: 4-6-55
26B. REGISTRAR'S SIGNATURE: Ila Dawson
27A. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary, Inc. R E Johnson
27B. ADDRESS: Box 310, Yuma, Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 70385