ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3966

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 130

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 2 yrs. IN ARIZONA 2 yrs.
C. CITY OR TOWN: Yuma ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
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 OR TOWN: Somerton ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 213 Adams Street

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Lottie B. (MIDDLE) C. (LAST) Taylor
4. SEX: F.
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Johnriley Taylor
7. DATE OF BIRTH: MONTH Dec. DAY 29 YEAR 1899
8. AGE (IN YEARS LAST BIRTHDAY): 55
IF UNDER 1 YEAR: MONTHS DAYS
IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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.: Unknown
14A. FATHER'S NAME: Joseph Robert Dandridge
14B. BIRTHPLACE (STATE OR COUNTRY): Tennessee
15A. MOTHER'S MAIDEN NAME: Emma Freeman
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: John R. Taylor, ADDRESS: Somerton, Arizona
17. DATE OF DEATH (MONTH) June (DAY) 20 (YEAR) 1955

CAUSE OF DEATH (ITEM 18)

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Coronary Infarct — INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO (B) Chronic Myocarditis, Arteriosclerosis, Hypertension — 10 years
DUE TO (C)

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Obesity, Bronchial Asthma

OPERATIONS, AUTOPSY

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

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July, 1954, TO June 20, 1955, THAT I LAST SAW THE DECEASED ALIVE ON June 20, 1955, AND THAT DEATH OCCURRED AT 1:22 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Philip G. Porlos (DEGREE OR TITLE) MD
22B. ADDRESS: Somerton, Arizona
22C. DATE SIGNED: June 21, 1955

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: June 22, 1955
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Salinas, California
26A. DATE REC. BY LOCAL REG.: 6-22-1955
26B. REGISTRAR'S SIGNATURE: Reynne L. Smith, Deputy Registrar
27A. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary, Inc., O. Johnson Pres.
27B. ADDRESS: Box 310, Yuma, Ariz.

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