

Dr Williamson

CERTIFICATE OF DEATH

OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Yuma		B. LENGTH OF STAY IN THIS TOWN 39 yr IN ARIZONA 39 yr		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Yuma			
	C. CITY OR TOWN Yuma		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Yuma		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 830 Bell Avenue				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 830 Bell Avenue			
	3. NAME OF DECEASED (TYPE OR PRINT) Ella			A. (FIRST)	B. (MIDDLE) B.	C. (LAST) Collins	4. SEX F	5. COLOR OR RACE White
IDENTIFICATION DATA	6B. NAME OF SPOUSE Brady Collins		7. DATE OF BIRTH MONTH DAY YEAR Nov 2 1896	8. AGE (IN YEARS LAST BIRTHDAY) 58	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) Oklahoma	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. no		
	14A. FATHER'S NAME George W. Curry		14B. BIRTHPLACE (STATE OR COUNTRY) Ohio	15A. MOTHER'S MAIDEN NAME Sarah M. Martin		15B. BIRTHPLACE (STATE OR COUNTRY) Missouri		
CAUSE OF DEATH (EM 18)	16. INFORMANT'S SIGNATURE Brady Collins - 830 Bell Ave Yuma, Arizona				ADDRESS	17. DATE OF DEATH (MONTH) (DAY) (YEAR) September 10 1955		
	18. CAUSE OF DEATH ENTER ONE CAUSE PER LINE FOR (A), (B), (C). <u>157 X</u> THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISK TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		MEDICAL CERTIFICATION (A) Hypostatic pneumonia DUE TO (B) Metastatic Carcinoma of Pancreas DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH 4 days 1 year
OPERATIONS, TORSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5/10 1955 TO 9/10 1955, THAT I LAST SAW THE DECEASED ALIVE ON 9/10 1955, AND THAT DEATH OCCURRED AT 7:15A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE Dr. Colin Williamson		DEGREE OR TITLE		22B. ADDRESS 407 16th St. Yuma, Ariz.		22C. DATE SIGNED 9/11/55	
	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)			
CORONER'S CERTIFICATION	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED		
GENERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE Sept 13, 1955	25C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona			
	26A. DATE REC. BY LOCAL REG. 9-13-1955	26B. REGISTRAR'S SIGNATURE Dennis R. Smith	26C. FUNERAL DIRECTOR'S SIGNATURE C. Johnson	26D. ADDRESS Box 310 Yuma, Arizona				

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