ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7834

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY — IN THIS TOWN: 2 mos; IN ARIZONA: 2 mos
C. CITY OR TOWN: Wenden — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): rural mine

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Nevada
B. COUNTY: Clark
C. CITY OR TOWN: Boulder City — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): none-rural

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Melvin B. (MIDDLE) C. (LAST) Blick

4. SEX: M **5. COLOR OR RACE:** White **6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** Married

6B. NAME OF SPOUSE: Lucile Blick

7. DATE OF BIRTH — MONTH: June DAY: 6 YEAR: 1884

8. AGE (IN YEARS LAST BIRTHDAY): 71 — 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): Mine owner

9B. KIND OF BUSINESS OR INDUSTRY: Mining

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Indiana

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.: not available

14A. FATHER'S NAME: Jacob Blickenstaff

14B. BIRTHPLACE (STATE OR COUNTRY): Indiana

15A. MOTHER'S MAIDEN NAME: Susanna Musselman

15B. BIRTHPLACE (STATE OR COUNTRY): Indiana

16. INFORMANT'S SIGNATURE — ADDRESS: Lucile Blick, P.O. Box 846, Boulder City, Nevada

17. DATE OF DEATH (MONTH): Dec. (DAY): 18 (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) MASSIVE CEREBRAL HEMHORHAGE (RIGHT POSTERIOR CEREBELLAR ARTERY) — INTERVAL BETWEEN ONSET AND DEATH: ½ to 1 hour

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) ____ DUE TO (C) CEREBRAL ARTERIOSCLEROSIS

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

19A. DATE OF OPERATION: 12-18-55

19B. MAJOR FINDINGS OF OPERATION: SEE ABOVE

20. AUTOPSY? YES ☒ NO ☐

21. 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 App. 10:10 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Joseph Waterman, M.D.

22B. ADDRESS: 2846 FERN DRIVE

22C. DATE SIGNED: 12-18-55

23A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NATURAL CAUSE (SPECIFY): Natural Cause

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?

24A. CORONER'S SIGNATURE: William Dan Davis J.P.

24B. ADDRESS: Salome Arizona

24C. DATE SIGNED: 12-18-55

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒

25B. DATE: 12-18-55

25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Mem. Park Crematory

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona

26A. DATE REC. BY LOCAL REG.: 12/21/55

26B. REGISTRAR'S SIGNATURE: William Dan Davis

27A. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary R.E. Johnson

27B. ADDRESS: Box 310 Yuma, Arizona

FORM VS-2 REV. 6-1-53 AMPCO 77595