ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5505

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: YUMA
B. LENGTH OF STAY — IN THIS TOWN: passing | IN ARIZONA: through
C. CITY OR TOWN: SALOME — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4 miles west Highway 60-70

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Texas
B. COUNTY:
C. CITY OR TOWN: Dallas — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: Gen Delivery
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JAMES B. (MIDDLE) ANDREW C. (LAST) ALSOBROOK

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): divorced
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: Aug DAY: 12 YEAR: 1913
8. AGE (IN YEARS LAST BIRTHDAY): 43
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): driver
9B. KIND OF BUSINESS OR INDUSTRY: automobile
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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: JAMES ALSOBROOK
14B. BIRTHPLACE (STATE OR COUNTRY): Florida
15A. MOTHER'S MAIDEN NAME: ALICE SMITH
15B. BIRTHPLACE (STATE OR COUNTRY): Florida
16. INFORMANT'S SIGNATURE: Patrolman Whitlow, Salome. Arizona
ADDRESS:
17. DATE OF DEATH — (MONTH) August (DAY) 11 (YEAR) 1956

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cardiac Confusion + Skull injury
DUE TO (B)
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
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: Immed

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Not seen 19__, TO _____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19__, AND THAT DEATH OCCURRED AT 9:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: [illegible] (DEGREE OR TITLE): Mr. S.
22B. ADDRESS: Po Box 1[illegible] Yuma
22C. DATE SIGNED: 8/13/56

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Milepost 51, Highway 60-70
23C. (CITY OR TOWN) (COUNTY) (STATE): Salome - Yuma - Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): Aug 11 1956 9:00 P.M.
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Vehicle overturned - rolled twice

24A. CORONER'S SIGNATURE: W D Davis
24B. ADDRESS: Po Box 762 Eldorado
24C. DATE SIGNED: 8-17-56

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: August 12/56
25C. NAME OF CEMETERY OR CREMATORY: The Johnson Mortuary
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma - Yuma - Arizona

26A. DATE REC. BY LOCAL REG.: 8-17-56
26B. REGISTRAR'S SIGNATURE: William Don Davis
27A. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary O. C. Johnson, Pres.
27B. ADDRESS: P. O. Box 310 Yuma, Arizona

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

E OF DEATH 15-75
AND X-
L RESIDENCE X-
ECEDENT 1
ERSONAL 1
DATA 4
143
4
8-56
CAUSE 8-23
OF 0
DEATH 0
ITEM 18) 0
ERATIONS, 2
AUTOPSY
MEDICAL 98
TIFICATIONS 2
DEATH 3
DUE TO
EXTERNAL
VIOLENCE
ORONER'S 5
TIFICATION
UNERAL 63
IRECTOR
AND
EGISTRAR 2
8 11