ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5751

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 138

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 25 yr; IN ARIZONA 25 yr
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): 1819 Maple Avenue

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Yuma — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Ave B at 12th St
E. IS RESIDENCE ON A FARM? YES ☒ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): William
B. (MIDDLE): Bruce
C. (LAST): Anderson

4. SEX: M
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Ellen Anderson
7. DATE OF BIRTH: MONTH Feb, DAY 24, YEAR 1885
8. AGE (IN YEARS LAST BIRTHDAY): 72
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): Farmer, retired
9B. KIND OF BUSINESS OR INDUSTRY: Farming
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Iowa
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.: 559-18-5854A
14A. FATHER'S NAME: Wm. D. Anderson
14B. BIRTHPLACE (STATE OR COUNTRY): N.Y.
15A. MOTHER'S MAIDEN NAME: Alice Cox
15B. BIRTHPLACE (STATE OR COUNTRY): Iowa
16. INFORMANT'S SIGNATURE: Mrs. Ellen Anderson
ADDRESS: Yuma, Arizona
17. DATE OF DEATH: (MONTH) August (DAY) 2 (YEAR) 1957

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) Hypertherapnoea — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Senile Cerebrovascular — 8 years
DUE TO (C) Generalized Arteriosclerosis — 10 years

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 July 1, 19 45 TO Aug 2, 19 57, THAT I LAST SAW THE DECEASED ALIVE ON Aug 2, 19 57, AND THAT DEATH OCCURRED AT 9:15P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): M. D.
22B. ADDRESS: Yuma Ariz
22C. DATE SIGNED: 8-5-57

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 8-6-57
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.: 8-6-1957
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary, O. Johnson Pres
27B. ADDRESS: Box 310 Yuma Ariz
28. EMBALMER'S SIGNATURE: O. Johnson
28B. EMBALMER'S CERT. NO.: 19A

FORM VS-2 REV. 3-15-55 1

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