ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0947

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 17

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY IN THIS TOWN: 87 Yrs. IN ARIZONA: 37 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: Yuma — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 301 23rd Avenue
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) George B. (MIDDLE) F C. (LAST) Thomas

4. SEX: M
5. COLOR OR RACE: Cauc.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH June DAY 13 YEAR 1886
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): Merchant Retired
9B. KIND OF BUSINESS OR INDUSTRY: Service Station
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Alabama
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.: None
14A. FATHER'S NAME: Green Berry Thomas
14B. BIRTHPLACE (STATE OR COUNTRY): Georgia
15A. MOTHER'S MAIDEN NAME: Sarah Jane Smith
15B. BIRTHPLACE (STATE OR COUNTRY): Alabama
16. INFORMANT'S SIGNATURE: Glenn E. Thomas — ADDRESS: 409 22nd Ave, Yuma, Ariz.
17. DATE OF DEATH: (MONTH) Jan. (DAY) 8 (YEAR) 1958

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 Thrombosis — 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) Emphysema — 10 yrs
DUE TO (C)
II. OTHER SIGNIFICANT 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 Jan 7, 19 58 TO Jan 8, 19 58, THAT I LAST SAW THE DECEASED ALIVE ON Jan 8, 19 58 AND THAT DEATH OCCURRED AT 6:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] (DEGREE OR TITLE)
22B. ADDRESS: Yuma Ariz
22C. DATE SIGNED: Jan 8 58

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural
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: Jan. 10, 1958
25C. NAME OF CEMETERY OR CREMATORY: Yuma Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma Yuma Ariz.
26A. DATE REC. BY LOCAL REG.: 1-10-58
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: Johnson Mortuary O Johnson
27B. ADDRESS: Drawer 310, Yuma, Ariz.
28. EMBALMER'S SIGNATURE: O Johnson Pres
28B. EMBALMER'S CERT. NO.: 19A

FORM VS-2 REV. 3-15-55

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