ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4075

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY — IN THIS TOWN: 13 Irs — IN ARIZONA: 13 Irs
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): 173 N. 14th 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: 173 N. 14th Avenue
E. (IF RURAL, GIVE LOCATION) IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Ione B. (MIDDLE) Eugenia C. (LAST) Bugg
4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH — MONTH: Dec. DAY: 10 YEAR: 1888
8. AGE (IN YEARS LAST BIRTHDAY): 69
IF UNDER 1 YEAR: MONTHS DATE — 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): Louisana
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.: 537-34-5946
14A. FATHER'S NAME: Austin E. Clark
14B. BIRTHPLACE (STATE OR COUNTRY): New Hampshire
15A. MOTHER'S MAIDEN NAME: Mary Jane Wells
15B. BIRTHPLACE (STATE OR COUNTRY): Louisana
16. INFORMANT'S SIGNATURE: Hubert D. Bugg, Jr. ADDRESS: Yuma, Arizona
17. DATE OF DEATH (MONTH) May (DAY) 1 (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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: Several Wks

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Cor Pulmonale secondary to Chronic Emphysema — Several Yrs.
DUE TO (C)

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

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: as above
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May, 1957, TO May 1, 1958 THAT I LAST SAW THE DECEASED ALIVE ON April 21, 1958, AND THAT DEATH OCCURRED AT 4:00 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Warren J. Wall M.D. (DEGREE OR TITLE)
22B. ADDRESS: 601 5th Ave Yuma
22C. DATE SIGNED: 5/1/58

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Domicile, 173- No. 14th Ave.
23C. (CITY OR TOWN) Yuma (COUNTY) Yuma (STATE) Arizona
23D. TIME OF INJURY (MONTH) May (DAY) 1 (YEAR) 1958 (HOUR) 4:00 A.M.
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Passed away in her sleep at home.

24A. CORONER'S SIGNATURE: Glen E. Byrd CORONER
24B. ADDRESS: Yuma, Arizona
24C. DATE SIGNED: May 2,58

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: May 3, 1958
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma Yuma Arizona
26A. DATE REC. BY LOCAL REG. 5-2-1958
26B. REGISTRAR'S SIGNATURE: Bernice L. Frost Deputy Registrar
27A. FUNERAL DIRECTOR'S SIGNATURE: J. Johnson Mortuary O. Johnson
27B. ADDRESS: Drawer 310, Yuma, Ariz.
28. EMBALMER'S SIGNATURE: O. Johnson
28B. EMBALMER'S CERT. NO.: 19A

FORM VS-2 REV. 3-15-55