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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9956

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 17

1. PLACE OF DEATH
A. COUNTY: YUMA
B. LENGTH OF STAY IN THIS TOWN: 2 MOS IN ARIZONA: 2 MOS
C. CITY OR TOWN: QUARTZSITE — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): QUARTZSITE (RURAL)

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: YUMA
C. CITY OR TOWN: QUARTZSITE — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): QUARTZSITE (Rural)
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

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

4. SEX: Male
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never married
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH Apr DAY 30 YEAR 1885
8. AGE (IN YEARS LAST BIRTHDAY): 74 — 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): Carpenter
9B. KIND OF BUSINESS OR INDUSTRY: U.S.M.C.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): SWEDEN
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.: 177-03-3556
14A. FATHER'S NAME: Unknown
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Erenfree Calarse, ADDRESS: Oceanside, California
17. DATE OF DEATH: (MONTH) December (DAY) 29 (YEAR) 1959

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) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7-10 days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hypostasis
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: 1/2/60
19B. MAJOR FINDINGS OF OPERATION: as above
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Autopsy Surgeon TO Autopsy Surgeon THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT hour unknown M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] (DEGREE OR TITLE): MD
22B. ADDRESS: Yuma Ariz
22C. DATE SIGNED: 1/2/60

DEATH DUE TO EXTERNAL VIOLENCE
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: Earl E. Byrd — CORONER
24B. ADDRESS: Yuma Arizona
24C. DATE SIGNED: 1-4-60

25A. BURIAL ☐ CREMATION ☒ REMOVAL ☐
25B. DATE: Jan 4, 1960
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Crematory
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona

26A. DATE REC. BY LOCAL REG.: 1-4-60
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: Box 310 Yuma
28A. EMBALMER'S SIGNATURE: Roy E Bower
28B. EMBALMER'S CERT. NO.: 168A.

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