ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 4519

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 133

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 20 yrs; IN ARIZONA 20 yrs
C. CITY OR TOWN: Yuma — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Parkview Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Yuma — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 770 - 8 th Ave.
E. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): ALICE
B. (MIDDLE): VESTA
C. (LAST): HOGUE

4. SEX: Female
5. COLOR OR RACE: Cauc.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Frank H. Hogue
7. DATE OF BIRTH: MONTH Sept. DAY 11 YEAR 1905
8. AGE (IN YEARS LAST BIRTHDAY): 54
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): housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Wyoming
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: William A. Cameron
14B. BIRTHPLACE (STATE OR COUNTRY): Nova Scotia
15A. MOTHER'S MAIDEN NAME: Ruth Ogden
15B. BIRTHPLACE (STATE OR COUNTRY): Oregon
16. INFORMANT'S SIGNATURE: X Frank H Hogue — ADDRESS: Yuma, Arizona
17. DATE OF DEATH: (MONTH) May (DAY) 20 (YEAR) 1960

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) Carcinoma right lung — INTERVAL BETWEEN ONSET AND DEATH: 8 months
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Duodenal ulcer — 6 years

19A. DATE OF OPERATION: 13 January '60
19B. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma right lung
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept. 1959 TO 20 May 1960 THAT I LAST SAW THE DECEASED ALIVE ON 20 May 1960 AND THAT DEATH OCCURRED AT 1:05 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: John F. Stanley (DEGREE OR TITLE) M. D.
22B. ADDRESS: Yuma, Arizona
22C. DATE SIGNED: 21 May '60

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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 23 May 60
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.: 23-60
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: A C Dordal
27B. ADDRESS: Box 310 Yuma, Ariz.
28A. EMBALMER'S SIGNATURE: A C Dordal
28B. EMBALMER'S CERT. NO.: 3611 R

FORM V3-2 REV. 3-15-55 — 25M AMPCO 26392