PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 6 375[redacted]

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 102

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH — A. COUNTY: Yuma
B. LENGTH OF STAY — IN THIS TOWN: 1 day; IN ARIZONA: 1 day
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): So uthern Pacific Depot

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) — A. STATE: California B. COUNTY: San Diego
C. CITY OR TOWN: Solana Beach — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 5569 N. Rios
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST): Silas B. (MIDDLE): Whitfield C. (LAST): Mote
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH — MONTH: 8 DAY: 30 YEAR: 1871
8. AGE (IN YEARS LAST BIRTHDAY): 89 — 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): Railway engineer
9B. KIND OF BUSINESS OR INDUSTRY: S. P. Railroad
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Georgia
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.: 700-14-1727
14A. FATHER'S NAME: Joseph Mote
14B. BIRTHPLACE (STATE OR COUNTRY): Georgia
15A. MOTHER'S MAIDEN NAME: Ophelia Christian
15B. BIRTHPLACE (STATE OR COUNTRY): Georgia
16. INFORMANT'S SIGNATURE — ADDRESS: Mrs. Helen Morrison, 5569 No. Rios St.
17. DATE OF DEATH (MONTH) April (DAY) 19, (YEAR) 1961

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — Solana Beach, Calif.
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) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Immediate
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Arterio-sclerosis Unknown
DUE TO (C)

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

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: 4/20/61
19B. MAJOR FINDINGS OF OPERATION: Those Above by Autopsy Surgeon
20. AUTOPSY? YES ☒ NO ☐

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Never attended-autopsy surgeon 19__ TO 19__ THAT I LAST SAW THE DECEASED ALIVE ON Never, 19__, AND THAT DEATH OCCURRED AT 8:35 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Walter S. Ward Jr. (DEGREE OR TITLE) M.D.
22B. ADDRESS: Yuma, Arizona
22C. DATE SIGNED: 4/20/61

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?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE: Carl E. Byth CORONER
24B. ADDRESS: 501 First St Yuma Ariz
24C. DATE SIGNED: 4-20-61

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 4/20/61
25C. NAME OF CEMETERY OR CREMATORY: Bring's Funeral Home
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 4-20-61
26B. REGISTRAR'S SIGNATURE: Marie Wilson
27A. FUNERAL DIRECTOR: Ray Dixon-Yuma Mortuary
27B. ADDRESS: 551 16th Street, Yuma
28A. EMBALMER'S SIGNATURE: Ray Dixon
28B. EMBALMER'S CERT. NO.

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