

CERTIFICATE OF DEATH

REGISTRAR'S NO.

266

BIRTH NO.

PLACE OF DEATH AND RESIDENCE 6701	1. PLACE OF DEATH A. COUNTY Yuma		B. LENGTH OF STAY IN THIS TOWN 6 yrs. IN ARIZONA 6 yrs.		2. USUAL RESIDENCE A. STATE Arizona		(WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) B. COUNTY Yuma	
	C. CITY OR TOWN Yuma		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Yuma		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Yuma County Nursing Home				D. STREET (IF RURAL, GIVE LOCATION) 2645 4th St.		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (TYPE OR PRINT) Gerard * * Alexander			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
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6B. NAME OF SPOUSE Eloise I. Alexander		7. DATE OF BIRTH MONTH 12 DAY 8 YEAR 1891	8. AGE (IN YEARS) LAST BIRTHDAY 70	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) Supervisor
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9B. KIND OF BUSINESS OR INDUSTRY Logging	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. 541-01-7064
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14A. FATHER'S NAME Gerard Alexander	14B. BIRTHPLACE (STATE OR COUNTRY) Kentucky	15A. MOTHER'S MAIDEN NAME Harriett White	15B. BIRTHPLACE (STATE OR COUNTRY) Unk.
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16. INFORMANT'S SIGNATURE Mrs. Eloise Alexander, 2645 4th St.		ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 6, 1961
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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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Yuma, Ariz. MEDICAL CERTIFICATION (A) <i>Cardiac De-compensation</i> DUE TO (B) <i>Chronic Severe Emphysema & Bronchial Asthma,</i> DUE TO (C) <i>Arteriosclerotic Cardio-vascular disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 - 3 weeks</i> <i>Many years</i> <i>Many years</i>
	II. OTHER SIGNIFICANT CONDITIONS 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10/24/61 TO 11/6/61, THAT I LAST SAW THE DECEASED ALIVE ON 11/6/61 AND THAT DEATH OCCURRED AT 6:32 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <i>Hate ...</i>	(DEGREE OR TITLE) M.D.	22B. ADDRESS Yuma, Ariz	22C. DATE SIGNED 11/7/61
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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)
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23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?
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24A. CORONER'S SIGNATURE <i>Geo. Hagely & official ...</i>	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 11/8/61	25C. NAME OF CEMETERY OR CREMATORY U.C.L.A. Medical School	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Los Angeles, Calif.
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26A. DATE REC. BY LOCAL REG. 11-8-61	26B. REGISTRAR'S SIGNATURE <i>Marce Nelson</i>	27A. FUNERAL DIRECTOR'S SIGNATURE Ray Dixon-Yuma Mortuary	27B. ADDRESS 551 16th St,
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28A. EMBALMER'S SIGNATURE <i>Ray Nelson</i>	28B. EMBALMER'S CERT. NO. 388
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PLACE OF DEATH AND RESIDENCE
PRECEDENT
PERSONAL DATA
CAUSE OF DEATH
TEMP 18)
RATIONS, AUTOPSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
GENERAL DIRECTOR AND REGISTRAR