9090

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 579
County Registrar's - No. 86
Local Registrar's - No. 71

PLACE OF DEATH

1. County Yuma
District
Town or City Yuma No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Alexander Bell

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR or RACE: Negro
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): 1862

7. AGE: 62 Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Louisiana
(State or country)

PARENTS

10. NAME OF FATHER Henry Bell

11. BIRTHPLACE OF FATHER Ky
(State or country) (city or town)

12. MAIDEN NAME OF MOTHER Ellen Bridges

13. BIRTHPLACE OF MOTHER Louisiana
(State or country) (city or town)

14. Informant O. Johnson
(Address) Yuma Ariz

15. Filed June 3, 1924 Mary H. Wyse Deputy
Local Registrar.
Filed June 10 1924 R. P. Smith
County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 31 1924

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1924 to May 31, 1924
that I last saw him alive on May 31, 1924
and that death occurred, on the date stated above, at 7:00 p.m.
The CAUSE OF DEATH* was as follows:

Myocarditis - acute
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) O. Colby M. D.
19 (Address) J. J. Smith Coroner

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF ~~BURIAL, CREMATION~~ OR REMOVAL Burial: Yuma Cemetery — DATE OF BURIAL 6-3-24

20. UNDERTAKER O. Johnson — ADDRESS Ariz Yuma