9055

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No. 468
County Registrar's - - No. 186
Local Registrar's - - - No. 170

MARGIN RESERVED FOR BINDING. 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.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH

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

2. FULL NAME Edward Baker

(a) Residence. No. 726 - 4th ave St., Ward. (If non-resident, give city or town and State)
(Usual place of abode)

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: white
5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): married

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

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

7. AGE: Years 57 | Months 3 | Days 22 | IF LESS than 1 day ..... hrs. or ..... min.

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

9. BIRTHPLACE (city or town) Yuma Ariz
(State or country) Colorado

PARENTS

10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) N. Y.
(State or country)
12. MAIDEN NAME OF MOTHER Cyonita Rodriguez
13. BIRTHPLACE OF MOTHER Sonora Mexico (city or town)
(State or country)

14. Informant O. Johnson
(Address) Yuma Ariz

15. Filed Dec 15 1924 Grace Alley Yeomans Local Registrar
Filed 1-10 1925 R R Veath County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Dec 15 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1924 to Dec 15, 1924
that I last saw him alive on Dec 14 1924
and that death occurred, on the date stated above, at 10:25 a.m.
The CAUSE OF DEATH* was as follows:
Chronic myocarditis
Chronic interstitial nephritis
(duration) 1 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? Clinical
(Signed) Elliott T. Colby M. D.
Dec 16 1924 (Address) Yuma Ariz

* 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 Yuma Cemetery
DATE OF BURIAL 12/16/1924
UNDERTAKER O Johnson
ADDRESS Yuma Ariz