

9034

MARGIN RESERVED FOR BINDING 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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Yuma Bureau of Vital Statistics State Index - - - No. 450  
 District Yuma County Registrar's - No. \_\_\_\_\_  
 Town Yuma ORIGINAL CERTIFICATE OF DEATH Local Registrar's - No. 137  
 or City No. Yuma General Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Joe Franklin Babb  
 (a) Residence. No. 13th St + 6th Ave 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 White 5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)  
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day and year) July 28th 1925  
 7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days 15 IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work \_\_\_\_\_ (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_ (c) Name of employer \_\_\_\_\_  
 9. BIRTHPLACE (city or town) Yuma (State or country) Arizona  
 10. NAME OF FATHER H. D. Babb  
 11. BIRTHPLACE OF FATHER Yuma (city or town) (State or country) Arizona  
 12. MAIDEN NAME OF MOTHER Mammie Smith  
 13. BIRTHPLACE OF MOTHER Yuma (city or town) (State or country) Arizona  
 14. Informant Carl Brunette (Address) Yuma, Arizona  
 15. Filed Aug 12, 1925 H. W. Appender Local Registrar. V. S. No. 1 \_\_\_\_\_ County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Aug 12th 1925  
 17. I HEREBY CERTIFY, That I attended deceased from July 28, 1925 to Aug 12, 1925 that I last saw hand alive on \_\_\_\_\_ and that death occurred, on the date stated above, at 3:30 p.m. The CAUSE OF DEATH\* was as follows: Elderly Enteritis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.  
 CONTRIBUTORY (Secondary) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 18. Where was disease contracted if not at place of death? None  
 Did an operation precede death? no Date of \_\_\_\_\_  
 Was there an autopsy? no  
 What test confirmed diagnosis? None  
 (Signed) George E. Shields, M. D. (Address) Yuma  
 \* 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 8/12 1925  
 20. UNDERTAKER O. C. Johnson ADDRESS Yuma Arizona