

2026

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

1. County Yuma District Yuma Town or City Yuma

State Index - - - - No. 5521
County Registrar's - - No. _____
Local Registrar's - - No. 70

ORIGINAL CERTIFICATE OF DEATH No. Yuma General Hospital Ward _____
(If death occurred in a hospital or institution give its NAME instead of street number).

2. FULL NAME Marjore Abeny
(a) Residence. No. Parker, Arizona St., _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 8 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Infant</u>			16. DATE OF DEATH (month, day, and year) <u>May 5 1927</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Infant</u>		6. DATE OF BIRTH (month, day and year) <u>Dec. 26 = 1926</u>			17. I HEREBY CERTIFY, That I attended deceased from <u>Apr. 29 = 1927</u> to <u>May 5 = 1927</u> that I last saw her alive on <u>May 5 = 1927</u> and that death occurred, on the date stated above, at <u>3: P. m.</u> The CAUSE OF DEATH* was as follows: <u>Gastro-enteritis</u>	
7. AGE	Years <u>4</u>	Months <u>9</u>	Days	IF LESS than 1 day _____ hrs. or _____ min.	18. (duration) yrs. mos. ds. <u>12</u> Tubercular Mother + Bottle Bed - (duration) yrs. mos. ds.	
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 <u>Infant</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Cemetery</u>	
9. BIRTHPLACE (city or town) (State or country) <u>Parker Arizona</u>					DATE OF BURIAL <u>May 6 1927</u>	
10. NAME OF FATHER <u>John W. Abeny</u>					20. UNDERTAKER <u>O C Johnson</u>	
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Illinois</u>					ADDRESS <u>Yuma Ariz</u>	
12. MAIDEN NAME OF MOTHER <u>Stella Lancaster</u>						
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Missouri</u>						
14. Informant (Address) <u>Mother - Hospital</u>						
15. Filed <u>May 6 1927</u> <u>Haupterman</u> Deputy Local Registrar.						
V. S. No. 1					County Registrar.	