

2107

PLACE OF DEATH

1. County Yuma
District Yuma
Town or City Yuma

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index - - No. 705
County Registrar's No. _____
Local Registrar's - No. 3

ORIGINAL CERTIFICATE OF DEATH

No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME George Green Long

(a) Residence. No. 729 - Second Ave Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR or RACE white 5. SINGLE, MARRIED, WID-OWED or DIVORCED married
(write the word)

5a. If married, widowed, or divorced
HUSBAND of Helen Martin Long
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Oct 29 1907

7. AGE Years _____ Months _____ Days _____
IF LESS than 1 day _____ hrs. or _____ min.

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

9. BIRTHPLACE (city or town) Yall
(State or country) Oklahoma

10. NAME OF FATHER George S. Long

11. BIRTHPLACE OF FATHER (city or town) Galls Co. Texas
(State or country)

12. MAIDEN NAME OF MOTHER Melicy Phelps

13. BIRTHPLACE OF MOTHER (city or town) Milan Co. Texas
(State or country)

14. Informant (Address) G. S. Long

15. Filed Jan 6, 1929 Mary A. Huffman Registrar
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929 to Jan 5, 1929, that I last saw him alive on Jan 5, 1929, and that death occurred, on the date stated above, at 2:40 p.m. The CAUSE OF DEATH* was as follows:

Cerebrospinal meningitis

(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? spinal puncture
(Signed) H. P. Kitcher M. D.
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 DATE OF BURIAL Jan 6 1929

20. UNDERTAKER A. S. M. Candler ADDRESS 770 - 4th Ave

Yuma, Ariz

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.