2816

BUREAU OF VITAL STATISTICS — ARIZONA STATE BOARD OF HEALTH — STANDARD CERTIFICATE OF DEATH

State File No. 634

Registered No. 32

1. PLACE OF DEATH

County Yuma State Arizona

District or Township Yuma or Village Yuma Hospital

City Yuma No. Yuma Hospital St., or Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Benedict M. Meyer

(a) Residence, No. 5 P. Club House 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 20 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~~ Bertha Meyer

6. DATE OF BIRTH (month, day and year) Dec 13 1881

7. AGE 47 Years 2 Months 3 Days IF LESS than 1 day ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Locomotive Engineer

(b) General nature of industry, business or establishment in which employed (or employer) S.P.R.R. Co

(c) Name of employer

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

10. NAME OF FATHER Lewis Meyer

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

12. MAIDEN NAME OF MOTHER Margaret Ellerman

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

PARENTS

14. Informant M. G. Meyer

(Address) San Diego - Calif.

15. Filed Feb. 18, 1929 Mary A. Huppenman Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feby 16 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 7th, 1929 to Feb. 16, 1929, that I last saw him alive on Feb. 16, 1929 and that death occurred, on the date stated above, at 5:00 P.M. The CAUSE OF DEATH* was as follows:

Basal fracture of skull

(duration) yrs. 9 days

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

18. Where was disease contracted If not at place of death? yes Date of Decompression

Did an operation precede death? no

Was there an autopsy? operation

What test confirmed diagnosis? Jakitchinski M. D.

(Signed) 2/17/1929 (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 Tucson Arizona

DATE OF BURIAL 2/18/29

20. UNDERTAKER O. Johnson

ADDRESS Yuma Ariz.

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be fully 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.