709

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 659

Local Registrar's No. 44

1. PLACE OF DEATH

County Yuma State Arizona

District or Township Yuma or Village ____ or

City Yuma No. ____ St., ____ Ward

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

2. FULL NAME Dillard Carl Wilson

(a) Residence, No. on Ranch Gila Valley 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: negro

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Aug 6-1928

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: child

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): California

PARENTS

10. NAME OF FATHER: Carl Wilson

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

12. MAIDEN NAME OF MOTHER: Susie Johnson

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

14. Informant: O. Johnson

(Address) Yuma Ariz

15. Filed Mar 12 1929 Mary A. Huffman Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 7 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1929 to Mch 7, 1929, that I last saw him alive on Mch 3, 1929, and that death occurred, on the date stated above, at 8:00 a.m. The CAUSE OF DEATH was as follows:

Broncho pneumonia

____ (duration) ____ yrs. ____ mos. 16 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?

(Signed) [signature], M. D.

Mch 12 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: Yuma Cemetery

DATE OF BURIAL: Mar 12, 1929. Yuma

20. UNDERTAKER: O. Johnson

ADDRESS: Arizona

3 25974

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.

MARGIN RESERVED FOR BINDING