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MARGIN RESERVED FOR BINDING
N. B.—WRITE MAINLY, 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.

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

1. PLACE OF DEATH
 County Yuma State Arizona State File No. 377
 Township Yuma or Village _____ Registered No. 167
 City Yuma No. _____ or _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

2. FULL NAME Hannie Benton
 (a) Residence: No. In valley St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>married</u>	21. DATE OF DEATH (month, day, and year) <u>Sept 27 1931</u>		
5a. If married, widowed, or divorced, name of (or) WIFE of <u>Henry J Benton</u>			22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 15</u> , 19 <u>31</u> , to <u>Sept 20</u> , 19 <u>31</u> I last saw him alive on <u>Sept 26</u> , 19 <u>31</u> ; death is said to have occurred on the date stated above, at <u>9:45 a.m.</u>		
6. DATE OF BIRTH (month, day, and year) <u>May 11 - 1885</u>			The principal cause of death and related causes of importance were as follows: <u>acute infection of abdominal cavity after appendectomy</u>		
7. AGE Years <u>46</u> Months <u>4</u> Days <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.		Other contributory causes of importance: <u>Appendicitis</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Prof.</u>			Date of Onset		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town, State or country) <u>Madison City, Texas</u>			Name of operation <u>Appendectomy</u> Date of <u>Aug 21, 1931</u>		
13. NAME <u>Frank M. Moffett</u>			What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>		
14. BIRTHPLACE (city or town, State or country) <u>Texas</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State)		
15. MAIDEN NAME <u>Josephine Smith</u>			Specify whether injury occurred in industry, in home, or in public place.		
16. BIRTHPLACE (city or town, State or country) <u>Texas</u>			Manner of injury _____ Nature of injury _____		
17. INFORMANT <u>O. Johnson</u> (Address) <u>Yuma, Ariz.</u>			24. Was disease or injury in any way related to occupation of deceased? If so, specify _____		
18. BURIAL, CREMATION OR REMOVAL Place <u>Yuma Cemetery</u> Date <u>9/22/31</u>			(Signed) <u>Charles L. Johnson</u> M. D. (Address) <u>Yuma, Ariz. Box 1426</u>		
19. UNDERTAKER <u>O. Johnson</u> (Address) <u>Yuma, Ariz.</u>					
20. Filed <u>Sept 27 1931</u> <u>Mary D. Hoffman</u>					