

2115

MARGIN RESERVED FOR BINDING
B.—WRITE ONLY, 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 Registered No. 139
 Township Yuma or Village _____
 City Yuma No. _____ St. _____ 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. ... ds.

2. FULL NAME Infant of Albert Johnson
 (a) Residence: No. Citrus grove St. _____ Ward _____ (If nonresident give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. Write the word <u>single</u>		21. DATE OF DEATH (month, day, and year) <u>Sept 9</u> , 19 <u>32</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Sept 9 - 1932</u>				I HEREBY CERTIFY, That I attended deceased from <u>Sept 9</u> to <u>Sept 9</u> , 19 <u>32</u> I last saw h..... alive on <u>Sept 9</u> , 19...; death is said to have occurred on the date stated above, at <u>11:00</u> a.m.	
6. DATE OF BIRTH (month, day, and year) <u>still born</u>				The principal cause of death and related causes of importance were as follows: <u>Still born</u>	
7. AGE Years _____ Month _____ Days _____ If LESS than day... hrs. or min. <u>child</u>				Date of Onset _____	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			Other contributory causes of importance: <u>Disturbance of labor</u>	
	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 _____					
MOTHER	12. BIRTHPLACE (city or town) (State or country) <u>Yuma Arizona</u>			Name of operation <u>None</u> Date of _____	
	13. NAME <u>Albert Johnson</u>			What test confirmed diagnosis? _____ Was there an autopsy? _____	
	14. BIRTHPLACE (city or town) (State or country) <u>Warhaus California</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19... Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.	
	15. MAIDEN NAME <u>Waski Deonore</u>			Manner of injury _____ Nature of injury _____	
FATHER	16. BIRTHPLACE (city or town) (State or country) <u>California</u>			24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
	17. INFORMANT (Address) <u>Dr. Johnson Yuma Arizona</u>			If so, specify _____ (Signed) <u>W.C. Barn</u> M.D.	
18. BURIAL, CREMATION, OR REMOVAL <u>Yuma cemetery</u> Date <u>9/9</u> , 19 <u>32</u>					
19. UNDERTAKER (Address) <u>Yuma Arizona</u>					
20. Filed <u>Sept 17 1932</u> <u>Mary A. Huberman</u>					