2119

MARGIN RESERVED FOR BINDING

V. S. No. 98

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.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registered No. 30414

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

2 FULL NAME Allen McMurtrie Green
(a) Residence. No. Barstow, Calif. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 13 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 Etna C. Green

6 DATE OF BIRTH (month, day, and year) July 21 - 1867

7 AGE Years 65 Months 1 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) Santa Fe
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country) Penn

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Unknown

14 Informant Etna C. Green (wife)
(Address) Barstow, Calif.

15 Filed Sept. 14, 1932 Abbie E. Collins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept. 5th, 1932, to Sept 13, 1932, that I last saw him alive on Sept 13, 1932, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Apoplexy-4th. Attack.)

(duration) yrs. mos. 1 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? none

(Signed) M. A. L. Nettle, M. D.

, 19 (Address) Colo. River Agency, Parker, 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 San Bernardino
DATE OF BURIAL 19
ADDRESS

20 UNDERTAKER [illegible]