2395

MARGIN RESERVED FOR BINDING

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 336

Registered No. 125

1. PLACE OF DEATH State ARIZONA or

County Yuma or Village ..... St., ... Ward

Township ..... No. Yuma General Hospital

City Yuma (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 2 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arbra Scott Ham How long in State when death occurred? 2 yrs. ..... mos. ..... ds.

(a) Residence: No. Somerton, Arizona St., ... Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

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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 Eva Ham

6. DATE OF BIRTH (month, day, and year) Nov. 24, 1879

7. AGE Years 53 Months 10 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

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) Kentucky

FATHER

13. NAME Benjamin Ham

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Hettie Tate

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Mrs. A. S. Ham Somerton, Arizona

18. BURIAL, ~~REMOVAL OR REMOVAL~~ Place Yuma Cemetery Date 10/9/33 19

19. UNDERTAKER (Address) The Johnson Mortuary Yuma Arizona

20. Filed Oct. 9, 1933 Mary A. Wipperman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/8/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1933 to Oct. 8, 1933

I last saw him alive on Oct. 7, 1933; death is said to have occurred on the date stated above, at 2:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Appendicitis, Acute	Oct. 1
Gangrenous, Ruptured	Oct. 1
Peritonitis, General with Ileus	
Other contributory causes of importance: Myocarditis, Chronic, with Hypertension	C1920

Name of operation (1) Appendectomy Date of Oct. 2

What test confirmed diagnosis? (2) Ileostomy Was there an autopsy? Oct. 7

23. If death was due to external causes (violence) fill in also the following: Op. NO

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.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Philip G. Corliss M.D. M. D.

(Address) Somerton, Arizona

Back of Certificate to be used for any Additional Information

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