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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**

1. PLACE OF DEATH Yuma County..... State..... **ARIZONA** State File No. 102
 Township..... or Village.....
 City..... Yuma No. Yuma General Hospital Ward.....
 (If death occurred in a hospital or institution, give its NAME instead of street 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 Asa McVay Asa N. McVay How long in State when death occurred? 20 yrs..... mos..... ds.
 (a) Residence: No. Somerton Arizona St.,..... Ward..... (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
1. SEX <u>male</u>	4. 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>Aug 9 1934</u>	I HEREBY CERTIFY, That I attended deceased from <u>Aug 9 1934</u> to <u>Aug 10 1934</u> I last saw him alive on <u>Aug 10 1934</u> ; death is said to have occurred on the date stated above, at <u>11:15 p.</u> The principal cause of death and related causes of importance were as follows: <u>Ruptured Stomach</u> Date of Onset <u>Aug 9 '34</u>
5a. If married, widowed, or divorced HUSBAND of <u>Adah McVay</u> (or) WIFE of <u>Asa McVay</u> Date of marriage <u>December 8 1868</u>					Other contributory causes of importance: <u>Lacerated Scalp</u> <u>Multiple Sprains</u> Date of Onset <u>Aug 9 '34</u> <u>Aug 9 '34</u>	
6. DATE OF BIRTH (month, day, and year) <u>December 8 1868</u>		7. AGE	11. Total time (years) spent in this occupation <u>211</u>			Name of operation <u>Gastrotomy</u> Date of <u>Aug 10 1934</u> What test confirmed diagnosis? <u>Op.</u> Was there an autopsy? <u>NO</u> 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>Aug 9 1934</u> Where did injury occur? <u>Somerton, Ariz.</u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. <u>Industry</u> Manner of injury <u>Fell from horse</u> Nature of injury <u>Ruptured Stomach</u> 24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u> If so, specify <u>Was driving cattle</u> (Signed) <u>Philip P. Corbin</u> M. D. (Address) <u>Somerton Arizona</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</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, day, and year) <u>8/9/34</u>		
12. BIRTHPLACE (city or town) (state or country) <u>California</u>		13. NAME <u>James A. McVay</u>				
14. BIRTHPLACE (city or town) (State or country) <u>Indiana</u>		15. MAIDEN NAME <u>Lucinda Bledsoe</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Kentucky</u>		17. INFORMANT <u>Mrs Adah McVay</u> (Address) <u>Somerton Arizona</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Yuma Cemetery</u> Date <u>8/13/34</u>		19. UNDERTAKER <u>The Johnson mortuary</u> (Address) <u>Yuma Arizona</u>				
20. Filed <u>Aug 11, 1934</u>		Registrar <u>Mary A. Kupperman</u> (Address) <u>Yuma Arizona</u>				

20M 4-19-33 MS 48294 Form 3 Back of certificate to be used for any Additional Information