

2421

577

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. 577

1. PLACE OF DEATH
 COUNTY Yuma STATE ARIZONA REGISTERED NO. 53
 TOWNSHIP _____ OR VILLAGE _____
 CITY Yuma NO. Dr Wilson's Office, Yuma, Arizona ST. _____ WARD _____
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED. YRS. _____ MOS. 1 DS. _____ HOW LONG IN U. S. IF OF FOREIGN BIRTH. YRS. _____ MOS. _____ DS. _____

2. FULL NAME Edna Neagle HOW LONG IN STATE WHEN DEATH OCCURRED. YRS. _____ MOS. 1 DS. _____
 (A) RESIDENCE: NO. El Centro Calif. ST. _____ WARD _____
 (USUAL PLACE OF ABODE) (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Single</u> |
|-------------------------|----------------------------------|---|

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1913

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS THAN 1 DAY, HRS. OR MIN. |
| | <u>21</u> | <u>9</u> | <u>24</u> | |

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Typeist

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Calexico (STATE OR COUNTY) California

13. NAME L. S. Neagle

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTY) _____

15. MAIDEN NAME Mabel Lewis

16. BIRTHPLACE (CITY OR TOWN) Kansas (STATE OR COUNTY) _____

17. INFORMANT L. S. Neagle (ADDRESS) El Centro, Calif.

18. PUBLIC OCCUPATION OR REMOVAL PLACE El Centro, Calif. DATE 3/25/35, 1935

19. EMBALMER LICENSE NO. 19 SIGNATURE C. C. Johnson
 FUNERAL DIRECTOR The Johnson Mortuary ADDRESS Yuma, Arizona

20. FILED March 25, 1935 REGISTRAR Mabel K. Klapperman ADDRESS Yuma, Ariz.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 3-24-35, 1935, TO 3-25-35, 1935. I LAST SAW HIM ALIVE ON 3-25, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3A M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Shock from accident. Fracture of both legs, and left femur also left ribs.

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION None DATE OF WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY 3-24-35 WHERE DID INJURY OCCUR? U.S. 80 on Highway 80 (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Public place Highway 80

MANNER OF INJURY Auto accident NATURE OF INJURY Fracture legs

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No IF SO, SPECIFY (SIGNED) Chester L. Williams M. D. (ADDRESS) Yuma, Ariz.