3118

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. 847

1. PLACE OF DEATH

COUNTY Yuma STATE ARIZONA REGISTERED NO. 13

TOWNSHIP OR VILLAGE

CITY Yuma NO. Yuma General Hospital 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 24 YRS. MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.

2. FULL NAME John William Cypert HOW LONG IN STATE WHEN DEATH OCCURRED? 24 YRS. MOS. DS.

(A) RESIDENCE: NO. Yuma Valley ST., WARD.

(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

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 Mary Cypert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1858

7. AGE YEARS 78 MONTHS 5 DAYS 23 IF LESS THAN 1 DAY, HRS. OR MIN.

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. farmer

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) December 31 1936

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Timbo Arkansas

FATHER

13. NAME Anderson Cypert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Tenn.

MOTHER

15. MAIDEN NAME Nancy Cooper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Tenn

17. INFORMANT (ADDRESS) N.A.Cypert Route 1 Yuma Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Yuma Cemetery DATE 1/14/37 19

19. EMBALMER { LICENSE NO. 19A SIGNATURE C. Johnson

FUNERAL DIRECTOR The Johnson Mortuary

ADDRESS Yuma Arizona

20. FILED Jan. 13, 1937 Mary A. Huffman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 12 1937, 19

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 3, 1937, TO Jan 12, 1937

I LAST SAW HIM ALIVE ON Jan 12, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9:45 p M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: | DATE OF ONSET

Hypostatic Pneumonia

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Influenza

Chronic Nephritis

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? No DATE OF INJURY, 19

WHERE DID INJURY OCCUR? none (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) Chester L. Wilson, M. D.

(ADDRESS) Yuma, Arizona

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

16M—7-24-35—REP-GAZ PRINTERY—FORM 3