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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** STATE FILE NO. 781
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
COUNTY Yuma STATE ARIZONA REGISTERED NO. 46
TOWNSHIP _____ OR VILLAGE _____ OR
CITY Yuma NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)
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 Infant of John A. Hinshaw HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Yuma Arizona ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Child</u>	21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb 13, 1937</u>		22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Feb 12, 1937, TO Feb 13, 1937</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			I LAST SAW <u>her</u> ALIVE ON <u>Feb 13, 1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>6:30 A.M.</u>		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 12 1937</u>			7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		<u>Per mature Birth 6 month baby.</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.		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____			12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Yuma Arizona</u>		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
13. NAME <u>John A. Hinshaw</u>			14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Beloit Kansas</u>		NAME OF OPERATION _____ DATE OF _____	
15. MAIDEN NAME <u>Florence M. Walin</u>			16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Minn.</u>		WHAT TEST CONFIRMED DIAGNOSIS? <u>Chloroform</u> WAS THERE AN AUTOPSY? _____	
17. INFORMANT <u>John A. Hinshaw</u> (ADDRESS) <u>Yuma Arizona</u>			18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Desert Lawn Memorial Park</u> 19 _____		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19 _____	
19. EMBALMER } LICENSE NO. <u>19</u> <u>211317</u> SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR <u>The Jean on Mortuary</u> ADDRESS <u>[Address]</u>			20. FILED <u>Feb 13 1937</u> <u>Mary W. McPherson</u> REGISTRAR		WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No.</u>			IF SO, SPECIFY _____ (SIGNED) <u>[Signature]</u> M. D. <u>[Signature]</u>		SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	

MANNER OF INJURY _____ NATURE OF INJURY _____

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION