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Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. _____ REGISTERED NO. 53

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

COUNTY Yuma STATE ARIZONA

TOWNSHIP _____ OR VILLAGE _____ ST. _____ WARD

CITY Yuma NO. on Island

(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 7 YRS. ___ MOS. ___ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? ___ YRS. ___ MOS. ___ DS.

HOW LONG IN STATE WHERE DEATH OCCURRED? 7 YRS. ___ MOS. ___ DS.

2. FULL NAME Anderson Russell

(A) RESIDENCE: NO. Yuma, Arizona ST., _____ WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mattie Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 20, 1865

7. AGE: YEARS 71 | MONTHS 2 | DAYS 28 | IF LESS THAN 1 DAY, ___ HRS. OR ___ MIN.

OCCUPATION

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Fredona Kentiucky

FATHER

13. NAME: Calvin Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Ky.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Ky.

17. INFORMANT (ADDRESS): Mattie Russell Gen. Del. Yuma Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE: Yuma Cemetery DATE 2-23, 1937

19. EMBALMER: LICENSE NO. [illegible] SIGNATURE: E. C. Johnson

FUNERAL DIRECTOR: The Johnson Mortuary

ADDRESS: Yuma Arizona

20. FILED: Feb. 23, 1937 Mary A. Wuppermann REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/18/37, 19

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb. 13, 1937 TO about Feb. 15, 1937

I LAST SAW HIM ALIVE ON Feb. 13, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:00A M.

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

	DATE OF ONSET
Influenza & Pneumonia	2 weeks

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Senility	71 yrs old

NAME OF OPERATION: none DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Exam WAS THERE AN AUTOPSY? no

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: 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 None

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no

IF SO, SPECIFY

(SIGNED) Harry A. Reese M. D.

(ADDRESS) Yuma Ariz.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—1-25-36—FORM 3—100% RAG

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.