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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

State File No. \_\_\_\_\_ Registered No. 154

1. PLACE OF DEATH  
County Yuma State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Yuma No. Yuma General Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
How long in State where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

2. FULL NAME Oriola Livingston  
(a) Residence: No. 350x 6th Ave. St. \_\_\_\_\_  
(Usual place of abode) (If no resident 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) <u>July 30, 1937</u>				
7. AGE		Years	Months	Days
		—	—	—
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</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 and year) _____				11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) <u>Yuma</u> (State or Country) <u>ARIZONA</u>				
13. NAME <u>James K. Livingston</u>				
14. BIRTHPLACE (city or town) <u>Penn</u> (State or Country) _____				
15. MAIDEN NAME <u>Oriola Jones</u>				
16. BIRTHPLACE (city or town) <u>Yuma</u> (State or Country) <u>ARIZONA</u>				
17. INFORMANT <u>James K. Livingston</u> (Address) <u>350 6th Ave Yuma</u>				
18. BURIAL, CREMATION OR REMOVAL <u>Desert Lawn Memorial Park</u> 7/31, 1937				
19. EMBALMER		License No. _____	Signature <u>[Signature]</u>	
FUNERAL DIRECTOR		Address _____		
20. Filed <u>July 31, 1937</u>		Registered <u>[Signature]</u> (Address) <u>521-4th Ave Yuma Arizona</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) 7-30-1937

22. I HEREBY CERTIFY That I attended deceased from July 30, 1937 to July 30, 1937  
I last saw him alive on July 24, 1937; death is said to have occurred on the date stated above, at 5 P.M.  
The principal cause of death and related causes of importance were as follows:  
Fracture of Lung to expand & compress child  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) [Signature] M. D.  
(Address) 521-4th Ave Yuma Arizona

10M-6-12-36-MS-Form 3-100% RAG Back of Certificate to be used for any Additional Information