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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 510

1. PLACE OF DEATH
COUNTY Yuma STATE ARIZONA REGISTERED NO. 226
TOWNSHIP Yuma OR VILLAGE _____ OR
CITY _____ NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE _____ YRS. _____ MOS. _____ DS. HOW LONG IN STATE IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
IN CITY OR TOWN WHERE DEATH OCCURRED 15 YRS. _____ MOS. _____ DS. HOW LONG IN STATE WHEN DEATH OCCURRED? 15 YRS. _____ MOS. _____ DS.

2. FULL NAME Green Berry Thomas
(A) RESIDENCE: NO. Somerton, Arizona ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT, 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 (OR) WIFE OF Sarah Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1880

7. AGE YEARS 57 MONTHS _____ DAYS _____ IF LESS THAN 1 DAY, _____ HRS. _____ OR _____ MIN.

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, BARK, ETC. _____ Farmer

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

12. BIRTHPLACE (CITY OR TOWN) Macon (STATE OR COUNTY) Georgia

13. NAME Tillman Thomas

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

15. MAIDEN NAME Ward

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

17. INFORMANT George Thomas (ADDRESS) Somerton, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Yuma Cemetery DATE 12/8/37, 19____

19. EMBALMER LICENSE NO. 19A SIGNATURE [Signature]
FUNERAL DIRECTOR The Johnson Mortuary
ADDRESS Yuma, Arizona

20. FILED Dec 10 1937 REGISTRAR Mary W. Wupperman (ADDRESS) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Nov. 1, 1937, TO Dec. 6, 1937
I LAST SAW HIM ALIVE ON Dec. 5, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5:00 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Bronchopneumonia DATE OF ONSET 12/1/37

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Bronchitis, Chronic 1920

NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? P.E. 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 _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No
IF SO, SPECIFY Philip H. Corbin M. D.
(SIGNED) _____ (ADDRESS) Somerton, Ariz.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION