9028

480

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. 105

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. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds

How long in State where death occurred? ..... yrs. ..... mos. ..... ds

2. FULL NAME John Lawrence Davis

(a) Residence: No. 128 N. Ninth Ave Yuma 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 Ka te Davis

6. DATE OF BIRTH (month, day, and year) June 18 1876

7. AGE Years 62 Months — Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

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 Country) Vinita Oklahoma

FATHER

13. NAME Joe Davis

14. BIRTHPLACE (city or town) (State or Country) Oklahoma

MOTHER

15. MAIDEN NAME Bell ~~Davis~~ Banes

16. BIRTHPLACE (city or town) (State or Country) Texas

17. INFORMANT (Address) Sadie Davis 128 N. Ninth Ave Yuma Arizona

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Yuma Cemetery Date 7/16/38 19

19. EMBALMER License No. ..... Signature O. C. Johnson

FUNERAL DIRECTOR The Johnson Mortuary

Address Yuma Arizona

20. Filed July 15 1938 Mary A. Huffman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 14 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938, to July 14, 1938, 19

I last saw him alive on July 5, 1938, death is said to have occurred on the date stated above, at 1:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Chronic interstitial Nephritis	1925

Other contributory causes of importance:

None

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? ..... 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 .....

(Signed) [signature], M. D.

(Address) Yuma Arizona

Back of Certificate to be used for any Additional Information

10M—7-20-37—Sims—Form 3—100% RAG