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447

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registered No. 25

1. PLACE OF DEATH
County Yuma State ARIZONA
Township Yuma or Village _____
City _____ No. _____
Length of residence in city or town where death occurred 23 yrs. _____ mos. _____ ds.
George Martin Hill (If death occurred in a hospital or institution, give its NAME instead of street and number)
How long in U. S. if foreign birth? _____ yrs. _____ mos. _____ ds.
How long in State when death occurred? 23 yrs. _____ mos. _____ ds.
St. _____ Ward _____
Was _____ of non-resident give 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 Isabel Olivia Hill
(and Wife of) _____

6. DATE OF BIRTH (month, day, and year) July 9 1886
7. AGE Years 52 Months 6 Days 21 If LESS than 1 day, hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Citrus Expert
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manager
10. Date deceased last worked at this occupation (month and year) 2/8/39 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Elainsville (State or Country) Penn.

13. NAME George W. Hill

14. BIRTHPLACE (city or town) Penn. (State or Country) _____

15. MAIDEN NAME Margaret S. Wilson

16. BIRTHPLACE (city or town) Penn (State or Country) _____

17. INFORMANT Isabel O. Hill (Address) Yuma, Arizona

18. BURIAL, CREMATION, OR REMOVAL Desert Lawn Memorial Park Place _____ Date 2/7/39 19A _____

19. EMBALMER License No. _____ Signature [Signature] FUNERAL DIRECTOR The Johnson Mortuary Address Yuma, Arizona Registry _____

20. Filed Feb 7, 1939 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) FEBRUARY 5 1939, 19____
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at 3:00a m.

The principal cause of death and related causes of importance were as follows:
Carbon Monoxide Poisoning Date of Onset 2/5/39
self administered

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: suicide xx Date of injury 2/5/39
Accident, suicide, or homicide? Yuma County

Where did injury occur? _____ (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. was found in my car about 1/2 mile from junk on side road

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 Yuma Arizona

Every PHYSICIAN should be properly classified. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Back of Certificate to be used for any Additional Information