

505

488

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. 488

1. PLACE OF DEATH
 County Yuma State ARIZONA Registered No. 99
 Township _____ or Village _____
 City Yuma No. _____ 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 15 yrs. 10 mos. _____ ds. How long in U. S. if not longer birth? 15 yrs. 10 mos. _____ ds.
 2. FULL NAME Henry Baker How long in State when death occurred 15 yrs. 10 mos. _____ ds.
 (a) Residence: No. 15th Ave Yuma, Arizona St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and state)

| PERSONAL AND STATISTICAL PARTICULARS | | | | MEDICAL CERTIFICATE OF DEATH | | |
|--|----------------------------------|--|----------------|--|--|--|
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>single</u> | | 21. DATE OF DEATH (month, day, and year) <u>June 9 1939</u> , 19 | 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. | |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____ | | | | I last saw h.i.m. alive on _____, 19____; death is said to have occurred on the date stated above, at _____, 19____. | | |
| 6. DATE OF BIRTH (month, day, and year) <u>July 15 1923</u> | | | | The principal cause of death and related causes of importance were as follows: _____ Date of Onset _____ | | |
| 7. AGE | Years <u>15</u> | Months <u>10</u> | Days <u>24</u> | If LESS than 1 day, _____ hrs. or _____ min. | Drowning in East Main Canal Yuma Ariz. June 9. | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u> | | | | Other contributory causes of importance: _____ | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | | | Name of operation _____ Date of _____ | | |
| 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) <u>Mexicali Lower California</u> | | | | What test confirmed diagnosis _____ Was there an autopsy? <u>no</u> | | |
| 13. NAME <u>Albert Roy Baker</u> | | | | 23. If death was due to external causes (violence) fill in also the following: _____ | | |
| 14. BIRTHPLACE (city or town) _____ (State or Country) <u>Yuma ARIZONA</u> | | | | Accident, suicide, or homicide? _____ Date of injury <u>June 9, 1939</u> | | |
| 15. MAIDEN NAME <u>Frances Eoltares</u> | | | | Where did injury occur? <u>Yuma Ariz</u> (Specify city or town, county and State) | | |
| 16. BIRTHPLACE (city or town) _____ (State or Country) <u>Enrentberg ARIZONA</u> | | | | Specify whether injury occurred in industry, in home, or in public place. <u>Yuma Canal</u> | | |
| 17. INFORMANT (Address) <u>Lucy Baker Route 1 Box 204 Yuma Arizona</u> | | | | Manner of injury <u>Drowning</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Yuma Cemetery</u> Date <u>6/10/39</u> | | | | Nature of injury _____ | | |
| 19. EMBALMER { License No. <u>194</u> Signature <u>[Signature]</u> FUNERAL DIRECTOR <u>The Johnston Mortuary</u> Address <u>Yuma Arizona</u> | | | | 24. Was disease or injury in any way related to occupation of deceased? <u>no</u> | | |
| 20. Filed <u>June 10, 1939</u> Registrar <u>Mary A. Huffer</u> | | | | If so, specify _____ (Signed) <u>Calvin Eaton</u> , M. D. (Address) <u>Yuma Ariz</u> | | |

10M-7-20-37-Sims-Form 3-100% RAG Back of Certificate to be used for any Additional Information