

1577

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 450
Registrar's No. 128

1. Place of Death: (a) County Yuma (b) City or Town Rural Location Rural (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 5 yrs; In Arizona 5 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma (c) City or Town Yuma
(If outside city limits write RURAL)
(d) Street No. Rural; (e) If foreign born in U. S. A. _____ yrs.
3. (a) FULL NAME Albert Ross Phipps (b) Sex Male (c) Social Security No. None
(If NONE write the word)

4. Sex male 5. Color white 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband Rosey Phipps 6. (c) Age of husband 63
or wife, if alive _____ yrs.
7. Birthdate of deceased July 3 1877
(Month) (Day) (Year)
8. AGE: Years 64 Months 11 Days 24
If less than one day hrs. _____ min. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 27 1940
TIME (Hour and minute) 9:30 a. m.
21. I hereby certify that I attended the deceased from July 13 1940 to July 26 1940
that I last saw him alive on July 26 1940
and that death occurred on the date and hour stated above.

9. Birthplace Alabama (City, town or county) (State or Country)
10. Usual Occupation farmer
11. Industry or Business agriculture
12. Name George Phipps
13. Birthplace unknown (City, town or county) (State or Country)
14. Maiden Name Jane Chappel
15. Birthplace unknown (City, town or county) (State or Country)

Immediate cause of death Hypertensive cardio-vascular renal disease
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Gen Del Somerton
(b) Address _____
17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Cemetery Date 7/29/40
18. (a) Embalmer's Signature Ed Johnson
(b) Funeral Director The Johnsons
(c) Address Yuma Arizona

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____

19. (a) July 27th 1940 (Date received local Registrar)
(b) Mary St. Kupperman (Registrar's Signature)

23. Signature Phu T. Stanley M.D.
Address Yuma, Arizona Date signed 7-27-40