1756

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

540

State File No. ____
Registrar's No. 90

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location Yuma General Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 4 Days; In Community 19 yrs (Specify whether years, months or days); In Arizona 19 yrs

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma; (c) City or Town Yuma (If outside city limits also write RURAL)
(d) Street No. 1236 - 7th Ave; (e) If foreign born, in U. S. A. ____ yrs.

3. (a) FULL NAME Vera Ruth Darling (b) If veteran name ____ (c) Social Security No. 526-07-8463 (If NONE write the word)

4. Sex Female | 5. Color or Race White | 6. (a) Single, married, widowed or divorced married
(b) Name of husband or wife Clair H Darling | 6. (c) Age of husband or wife, if alive 35 yrs.

7. Birthdate of deceased April 23 1910 (Month) (Day) (Year)

8. AGE: Years 30 | Months 8 | Days 29 | If less than one day hrs. ____ min. ____

9. Birthplace Jacksboro Texas (City, town or county) (State or Country)

10. Usual Occupation Hope

11. Industry or Business Home

Father
12. Name Charles B. Rogers
13. Birthplace Jacksboro Texas (City, town or county) (State or Country)

Mother
14. Maiden Name Willie Brown
15. Birthplace Jacksboro Texas (City, town or county) (State or Country)

16. (a) Informant's own signature C. S. Darling
(b) Address Box 1177 Yuma, Ariz.

17. (a) Burial, Cremation or Removal Burial
Desert Lawn memorial Park
(b) Place ____ (c) Date 1/24/1941

18. (a) Embalmer's Signature O. C. Johnson
(b) Funeral Director The Johnson mortuary
(c) Address Yuma, Arizona

19. (a) Jan 24 1941 (Date received local Registrar)
(b) Mary A. Wupperman (Registrar's Signature)

20M 100% Rug 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) January 22, 1941;
TIME (Hour and minute) 11.45 A M.

21. I hereby certify that I attended the deceased from Jan 16, 1941 to Jan 22, 1941;
that I last saw her alive on Jan 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Vincent Angina

Due to Cholecystitis.

Due to ____

Other conditions ____ (Include pregnancy within 3 months of death)

Major findings: Of operations Tracheotomy

Of autopsy ____

DURATION ?

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

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)
While at work? ____ (e) Means of injury ____

23. Signature Calvin Eaton M.D.
Address Yuma Ariz Date signed Jan 23 '41