

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. **512**

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location 8th St. Yuma
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Home; In Community 40 yrs.
(Specify whether years, months or days) (In Arizona)
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. 8th St. Yuma; (e) If foreign born, in U. S. A. Yuma
3. (a) FULL NAME William Edmund Joseph (b) Surname Joseph (c) Social Security No. None
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband Margaret Lynch 6. (c) Age of husband or wife, if alive 78 yrs.
7. Birthdate of deceased: Sept 12 1854
(Month) (Day) (Year)
8. AGE: Years 86 Months 5 Days 21 If less than one day hrs. min.
9. Birthplace unknown Missouri
(City, town or county) (State or Country)

10. Usual Occupation Farmer
11. Industry or Business Farming
12. Name David M. Lynch
13. Birthplace Mo.
(City, town or county) (State or Country)
14. Maiden Name Para E. Drby
15. Birthplace Montgomery Co. Tenn.
(City, town or county) (State or Country)

16. (a) Informant's own signature Margaret Lynch
(b) Address Yuma Arizona

17. (a) Burial, Cremation or Inhumation Burial
(b) Place Yuma Cemetery Date 3/6 41

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

19. (a) March 6, 1941
(Date received from Registrar)
(b) Mary A. Kupperman
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 3/3/41, 19...;
TIME (Hour and minute) 7:30 PM M.
21. I hereby certify that I attended the deceased from Jan 1
19... to 3/3/41, 19...;
that I last saw him alive on 3/3/41, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Prigina Pectoris
Due to Serility

Other conditions (Include pregnancy within 3 months of death)
Autopsy findings: Of operations
Of autopsy

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? (c) Years of injury _____
23. Signature W. J. Howell M. D.
Address Yuma Ariz Date signed 3/5/41

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