

9190

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. 469  
Registrar's No. 1237

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location Yuma General Hospital  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_ In Community \_\_\_\_\_  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma (c) City or Town Somerton  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_ If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
(c) Social Security No. none  
(If NONE write the word)

3. (a) FULL NAME Infant of Robert H Smith  
4. Sex male 5. Color white 6. (c) Age of husband \_\_\_\_\_  
7. Birthdate of deceased Sept 4 1941  
8. AGE: Still Born  
9. Birthplace Yuma, Yuma Arizona  
10. Usual Occupation child  
11. Industry of Business none  
12. Name of Father Robert H Smith  
13. Birthplace of Father Marshall Mo.  
14. Maiden Name of Mother Frances Wynn  
15. Birthplace of Mother Crowder Ark

20. DATE OF DEATH (Month, day and year) 9-5-41  
TIME (Hour and minute) 9:50 P. M.  
21. I hereby certify that I attended the deceased from 9-5-41  
to 9-5-41  
that I last saw him alive on 9-5-41  
and that death occurred on the date and hour stated above.

cause of death Prematurity & Asphyxia  
Placenta praevia  
of mother.  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Placenta praevia - Premature labor - Head & foot presentation - version - breech extraction  
Of autopsy \_\_\_\_\_

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

16. (a) Informant's own signature Robert H. Smith  
(b) Address Rt Box 34 Somerton  
17. (a) Burial, Cremation or Removal Funeral Home  
(b) Place Yuma  
18. (a) Embalmer's Signature A. Johnson  
(b) Funeral Director The Johnson Mortuary  
(c) Address Yuma, Arizona  
19. (a) Sept 5 1941  
(b) Mary A. Huffman  
Registrar's Signature

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) no  
(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 Albert H. Embert M. D.  
Address Yuma Arizona Date signed 9-5-41