2299

522

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. .....
Registrar's No. 13

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location 206 First Ave (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Home; In Community 24 yrs (Specify whether years, months or days); In Arizona 24 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. 206 First Ave (e) If foreign born, in U. S. A. ..... yrs.

3. (a) FULL NAME Benjamin Henry Purcell (b) If veteran, name war ..... (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

5. (b) Name of husband or wife Etta Purcell | 6. (c) Age of husband or wife, if alive 71 yrs.

7. Birthdate of deceased Dec (Month) 10 (Day) 1868 (Year)

8. AGE: Years 73 | Months 1 | Days 25 | If less than one day hrs. ..... min. .....

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

10. Usual Occupation Laborer

11. Industry or Business Common labor

Father
12. Name William Purcell
13. Birthplace ..... (City, town or county) Texas (State or Country)

Mother
14. Maiden Name Parylee Haines
15. Birthplace ..... (City, town or county) Texas (State or Country)

16. (a) Informant's own signature Willna Stansley
(b) Address 206 First Ave Yuma Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Cemetery (c) Date 2/6 1942

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

19. (a) February 5, 1942 (Date received local Registrar)
(b) Mary A. Wepperman (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feby 4, 1942;
TIME (Hour and minute) 11:45 P.M.

21. I hereby certify that I attended the deceased Aug, 1940 to Feb 4, 1942;
that I last saw him alive on Feb. 2, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Epithelioma on face

Due to —

Due to —

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

Major findings:
Of operations .....
Of autopsy .....

DURATION 6 yrs.

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 W C Cain M. D.
Address Feb. 5-1942 Yuma Ariz Date signed .....