

577

550

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 6
Registrar's No. 6

1. Place of Death: (a) County Yuma (b) City or Town Somerton (c) Location Home (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 25 yrs; In Community 75 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 also write RURAL)

(d) Street No. Lillie Dallas Taylor; (e) If foreign born, in U.S.A. none
3. (a) FULL NAME Lillie Dallas Taylor; (b) Social Security No. none
name war. none (If NONE write the word)

4. Sex <u>female</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>married</u>
6. (b) Name of husband or wife <u>John Tom Taylor</u>		6. (c) Age of husband or wife, if alive <u>73 yrs.</u>
7. Birthdate of deceased <u>December 9 1879</u> (Month) (Day) (Year)		
8. AGE: <u>62</u> yrs. <u>4</u> mos. <u>10</u> days If less than one day hrs. min.		
9. Birthplace <u>Indian Gap Texas</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Hwfe</u>		
11. Industry or Business <u>Home</u>		
Father	12. Name <u>William E. Wilson</u>	
	13. Birthplace <u>Texas</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Dona Treadway</u>	
	15. Birthplace <u>Texas</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>Mrs. Francis [unclear]</u>		
(b) Address <u>Box 33 Somerton</u>		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 19 1942;
TIME (Hour and minute) 6:50 A.M.

21. I hereby certify that I attended the deceased from April 18 1942 to April 19 1942;
that I last saw her alive on April 18 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Due to Hypertension, Essential

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

Major findings:
Of operations
Of autopsy

DURATION
8 mos.
3 yrs.
5 yrs.

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

17. (a) Burial, Cremation or Removal burial
Yuma Cemetery
(b) Place (c) Day 4/21/42

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

19. (a) April 22, 1942
(Date received local Registrar)
(b) [Signature]
(Registrar's Signature)

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 Philip E. Curtis M.D.
Address Somerton Ariz. Date signed Apr. 19, 1942