4683

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 498
Registrar's No. 78

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location 332 7th Ave (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution Home; In Community all his life (Specify whether years, months or days); In Arizona all his life

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. 332 7th Ave

3. (a) FULL NAME George Goldsmith De Corse (b) If veteran name war ; (c) If foreign born, in U. S. A. yrs. (c) Social Security No. 526-03-7270 (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 or wife Francisca DeCorse | 6. (c) Age of husband or wife, if alive 58 yrs.

7. Birthdate of deceased May (Month) 5 (Day) 1880 (Year)

8. AGE: Years 62 | Months | Days 27 | If less than one day hrs. min.

9. Birthplace Yuma, (City, town or county) Yuma, (State or Country) Arizona

10. Usual Occupation Engineer

11. Industry or Business Arizona Edison Co.

Father: 12. Name Albert DeCorse; 13. Birthplace Chestertown, (City, town or county) Maryland (State or Country)

Mother: 14. Maiden Name Lucy Arviso; 15. Birthplace Yuma, (City, town or county) Yuma, Arizona (State or Country)

16. (a) Informant's own signature Francisca DeCorse
(b) Address 332 Seventh Ave Yuma, Arizona

17. (a) Burial, Cremation or Removal burial
(b) Place Yuma Cemetery (c) Date 6-4 1942

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

19. (a) June 4 1942. (Date received local Registrar)
(b) Mary A. Huffman (Registrar's Signature)

20M 100% Rag 9/23/48

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 2 1942, 19; TIME (Hour and minute) about 1 P. M.

21. I hereby certify that I attended the deceased from did not see him alive that I last saw him alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — DURATION ?

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 O. Stowell M. D.
Address Yuma, Ariz. Date signed 6/4/42