2285

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALT[redacted]
DIVISION OF VITAL STATISTICS

549

1. Place of Death: (a) County Yuma (b) City or Town near Yuma Rural (If outside city limits also write RURAL) (c) Lo[redacted] [redacted]trar's No. 110
(d) Length of Stay: In Hospital or Institution ; In Community abt 1 hr (Specify whether years, months or days) ; in Arizona [redacted] abt 1 hr
2. Usual Residence of Deceased: (a) State Texas ; (b) County Jones ; (c) City or Tow[redacted] (If outside [redacted]its also write RURAL)
(d) Street No. ; (e) Citizen of foreign country (yes or No)
3. (a) FULL NAME Thelbert Rumfield (b) If Veteran name war ; If Yes, which country ; Social Security No. 526-14-5541 (If NONE write the word)

4. Sex	5. Color or Race	8. (a) Single, married, widowed or divorced
Male	White	Divorced

6. (b) Name of husband or wife Jewell Price
6. (c) Age of husband or wife, if alive 32 yrs.
7. Birthdate of deceased unknown (Month) (Day) (Year)
8. AGE Years about 34 | Months | Days | If less than one day hrs. min.
9. Birthplace Jones County Texas (City, town or county) (State or Country)
10. Usual Occupation Laborer
11. Industry or Business
Father: 12. Name Charlie Sherman Rumfield
13. Birthplace Ill (City, town or county) (State or Country)
Mother: 14. Maiden Name Minnie Lee Hedges
15. Birthplace Tarrent Co Texas (City, town or county) (State or Country)
16. (a) Informant's own signature R O Rumfield
(b) Address Rt 2 Anson Texas
17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Cemetery (c) Date 8/1 1942
18. (a) Embalmer's Signature C E Johnson
(b) Funeral Director The Johnson mortuary
(c) Address Yuma, Arizona
19. (a) August 1 1942 (Date received local Registrar)
(b) Mary A Wufferman (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 7/29, 1942
TIME (Hour and minute) 2:00 A M.
21. I hereby certify that I attended the deceased from No attendance, 19 to , 19 ;
that I last saw h alive on not seen, 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Crushing injury to chest c̄ internal hemorrhage.
Due to
Due to
Other conditions Fracture rt. clavicle & 1st 3 ribs (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Intra thoracic hemorrhage & fracture rt. clavicle & 1st 3 ribs

DURATION

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) Accident
(b) Date of occurrence 7/29/42
(c) Where did injury occur? near Yuma, Arizona (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public highway (Specify type of place)
While at work? No (e) Means of injury Truck overturned
23. Signature William A. Phillips M. D.
Address Yuma, Ariz Date signed 7/29/42