

1357

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

595

State File No. \_\_\_\_\_

Registrar's No. 49

1. Place of Death: (a) County Yuma (b) City or Town near Yuma - Rural (c) Location Arizona Lead Mine  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 6 years; in Arizona 6 years  
(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. none (Rural) (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME FRANK ABBOTT (b) If Veteran name war no (c) Social Security No. 710-03-4008

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband Rosa Elizabeth Abbott 6. (c) Age of husband or wife, if alive 39 yrs.

7. Birthdate of deceased January 22, 1897  
(Month) (Day) (Year)

8. AGE: Years 46 Months 1 Days 14 If less than one day hrs. min.

9. Birthplace Danville Ill.  
(City, town or county) (State or Country)

10. Usual Occupation Miner

11. Industry or Business Lead Mine

12. Name Unknown

13. Birthplace Poland  
(City, town or county) (State or Country)

14. Maiden Name Ann (Unknwon)

15. Birthplace Poland  
(City, town or county) (State or Country)

16. (a) Informant's own signature R.E. Abbott

(b) Address Box 828 Yuma Ariz

17. (a) Burial, Cremation or Removal Burial  
(b) Place Yuma Cemetery Date 3/9/43

18. (a) Embalmer's Signature The Johnson mortuary

(b) Funeral Director The Johnson mortuary

(c) Address Yuma, Arizona

19. (a) March 8, 1943  
(Date received local Registrar)

(b) Mary A. Sufferman  
(Registrar's Signature)

20M 100% Reg 8-499 Co. County File No. \_\_\_\_\_ Date Received \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 6, 1943, 19\_\_\_\_; TIME (Hour and minute) 11:45 A.M.

21. I hereby certify that I attended the deceased from March 6, 1943 to March 6, 1943; that I last saw him live on March 6, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure

Due to Fibrosis of Myocardium involving posterior wall of left ventricle + interventricular septum

Other conditions Thrombosis of Right Iliac artery  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy Fibrosis of Myocardium Thrombosis of Iliac artery

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 Charles T. Williams M. D. Address Yuma, Ariz Date signed 3/8/43

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically