1498

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 745
Registrar's No. 24

1. Place of Death: (a) County Yuma (b) City or Town Yuma rural (If outside city limits also write RURAL) (c) Location Home (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 35 yrs (Specify whether years, months or days); in Arizona 35 yrs

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma; (c) City or Town Yuma Rural (If outside city limits also write RURAL)
(d) Street No. Rural —; (e) Citizen of foreign country (yes or No) no
If Yes, which country
(b) If Veteran name war no (c) Social Security No. no

3. (a) FULL NAME Anna Weatherstone

4. Sex female | 5. Color or Race white | 6. (a) Single, married, widowed or divorced widowed

6. (b) Name of husband or wife Robert George Weatherstone | 6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased ~~December~~ September 10 1867 ~~1876~~ (Month) (Day) (Year)

8. AGE: Years 76 | Months 4 | Days 11 | If less than one day hrs. ..... min. .....

9. Birthplace Farbault Minn. (City, town or county) (State or Country)

10. Usual Occupation Hwfe

11. Industry or Business Home

Father
12. Name Zinius Whitney
13. Birthplace Vermont (City, town or county) (State or Country)

Mother
14. Maiden Name Anna Grant
15. Birthplace Canada (City, town or county) (State or Country)

16. (a) Informant's own signature X R.G. Weatherstone
(b) Address Route 3 Yuma Ariz. Box 35

17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma, Arizona (c) Date 1/25 1944

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

19. (a) Jan. 27 1944 (Date received local Registrar)
(b) Mary A. Wupperman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) January 21 1944;
TIME (Hour and minute) 7:30 A M.

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

Immediate cause of death Cerebral Hemorrhage

Due to High Blood Pressure

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

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) .....
(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 R.H. Lutes, Coroner
Address Yuma Ariz. Date signed 1-25-44

20M 100% Rag 8-42 B. Co. County File No. ..... Date Received .....