1501

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 748
Registrar's No. 1

1. Place of Death: (a) County Yuma (b) City or Town QUARTZSITE rural (c) Location ½ mile S of Quartzsite Ariz (St. & No. (or) Name of Institution)
(If outside city limits also write RURAL)

(d) Length of Stay: In Hospital or Institution none; In Community ; in Arizona
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State California; (b) County Los Angeles; (c) City or Town Hawthorne
(If outside city limits also write RURAL)

(d) Street No. 531 Truro St.; (e) Citizen of foreign country (yes or No) no
If Yes, which country

3. (a) FULL NAME Ralph H. Wright (b) If Veteran name war Social Security No. 549-18-5656
(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 Joyce Wright | 6. (c) Age of husband or wife, if alive 20 yrs.

7. Birthdate of deceased Dec. (Month) 16 (Day) 1921 (Year)

8. AGE: Years 22 | Months 1 | Days 6 | If less than one day hrs. min.

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

10. Usual Occupation mechanic

11. Industry or Business airplane

Father
12. Name Everett Wright
13. Birthplace (City, town or county) Illinois (State or Country)

Mother
14. Maiden Name Lucile ?
15. Birthplace ~~Joyce Wright~~ (City, town or county) (State or Country)

16. (a) Informant's own signature Joyce Wright
(b) Address 531 Truro St. - Hawthorne

17. (a) Burial, Cremation or Removal Removal
(b) Place Inglewood Cal (c) Date Jan 23 1944

18. (a) Embalmer's Signature Ray E Bower
(b) Funeral Director Yuma Mortuary
(c) Address 256 1st Ave Yuma Ariz.

19. (a) Jan. 23, 1944
(Date received local Registrar)
(b) Emelia H. Woodson
(Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 23, 1944;
TIME (Hour and minute) 2:45 P.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

Due to

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) accident
(b) Date of occurrence Jan. 23, 1944
(c) Where did injury occur? ½ m. S. Quartzsite (City or Town) Yuma (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in open country
(Specify type of place)
While at work? (e) Means of injury airplane dive out of control

23. Signature E B Hart - Justice of Peace ~~M. D.~~
Address Quartzsite - Ariz Date signed Jan 23, 1944