2876

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 611
Registrar's No. 55

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location 169 N 7th Ave (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Home; In Community 10 yrs (Specify whether years, months or days); In Arizona 20 yrs

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. 169 N 7th Ave; (e) Citizen of foreign country (Yes or No) no
If Yes, which country
(f) Veteran name war
(g) Social Security No. unknown

3. (a) FULL NAME Warren Reeves Benton

4. Sex male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Pearl Benton
6. (c) Age of husband or wife, if alive 55 yrs.
7. Birthdate of deceased July 16 1884 (Month) (Day) (Year)
8. AGE: Years 59 Months 7 Days 22 If less than one day hrs. min.
9. Birthplace Woodbury Texas (City, town or county) (State or Country)
10. Usual Occupation Lunch Counter operator
11. Industry or Business Lunch Counter
Father 12. Name Sully Reeves Benton
13. Birthplace Louisiana (City, town or county) (State or Country)
Mother 14. Maiden Name Betty Jane Burn
15. Birthplace Texas (City, town or county) (State or Country)
16. (a) Informant's own signature Mrs Pearl Benton
(b) Address 169 N. 7th Ave Yuma Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Arizona (c) Date 3/11 1944
18. (a) Embalmer's Signature O. Johnson
(b) Funeral Director The Johnson mortuary
(c) Address Yuma Arizona
19. (a) March 9 1944 (Date received Local Registrar)
(b) Mary A. Wupperman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 8 1944
TIME (Hour and minute) 5:15 a. M.
21. I hereby certify that I attended the deceased from 2:00 to 5:15 a.m. On March 8, 1944 to ..., 19..; that I last saw him alive on March 8, 1944; and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion & Myocardial failure.
Due to
Due to Hypertension Not well for over 1 yr.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

DURATION 6 hrs.

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 Hubert Sturges M. D.
Address Yuma. Ariz. Date signed 3-9-44.

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