2899

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 631
Registrar's No. 68

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location Yuma General (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution a few days; In Community 58 yrs. (Specify whether years, months or days); In Arizona 58 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. 3rd st & 8th ave; (e) Citizen of foreign country (Yes or No) no
If Yes, which country
3. (a) FULL NAME Frank George Townsend (b) If a veteran name war no (c) Social Security No. no

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 Tillie Townsend
6. (c) Age of husband or wife, if alive 56 yrs.
7. Birthdate of deceased August 18 1885 (Month) (Day) (Year)
8. AGE: Years 58 Months 7 Days 8 If less than one day hrs. min.
9. Birthplace Yuma, Yuma Arizona (City, town or county) (State or Country)
10. Usual Occupation Restaurant Operator
11. Industry or Business Restaurant
Father 12. Name O. Frank Townsend
13. Birthplace New York (City, town or county) (State or Country)
Mother 14. Maiden Name Dolores Celaya
15. Birthplace Tucson Arizona (City, town or county) (State or Country)
16. (a) Informant's own signature X Ashley F. Townsend
(b) Address Box 893 Yuma, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Arizona (c) Date 3/28 1944
18. (a) Embalmer's Signature O. L. Johnson
(b) Funeral Director The Johnson mortuary
(c) Address Yuma Arizona
19. (a) March 28 1944 (Date received Local Registrar)
(b) Mary A. Wupperman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 26 1944
TIME (Hour and minute) 8:30 P.M.
21. I hereby certify that I attended the deceased from 3/12, 1944 to 3/26, 1944
that I last saw him alive on 3/26/44, 19
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary occlusion
Due to Cardiovascular renal disease - hypertension
Other conditions diabetes mellitus (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

DURATION
1 hr.
1 yr +

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 Wm A Phillips M. D.
Address Yuma, Az Date signed 3/27/44

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