2397

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 537
Registrar's No. 145

1. Place of Death: (a) County Yuma (b) City or Town Rural Yuma (If outside city limits also write RURAL) (c) Location North Gila Valley (St. & No. (or) Name of Institution)

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

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. Ranch; (e) Citizen of foreign country (yes or No) no If Yes, which country

3. (a) FULL NAME EDNA JEAN GILL (b) If Veteran name war no (c) Social Security No. none

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased August 22, 1942 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
1	10	28	hrs. ..... min. .....

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

10. Usual Occupation Child

11. Industry or Business

Father
12. Name Joaquin Gill
13. Birthplace Potholes, Calif. (City, town or county) (State or Country)

Mother
14. Maiden Name Aurora Orta
15. Birthplace Yuma, Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature Joaquin Gill
(b) Address Route 2 Box 48 Yuma Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Desert Lawn Memorial (c) Date 7/21/44 19

18. (a) Embalmer's Signature G. Johnson
(b) Funeral Director The Johnson mortuary
(c) Address Yuma Arizona

19. (a) July 24, 1944. (Date received by local registrar)
(b) Mary C. Kuppermann (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 20, 1944, 19 ..... ;
TIME (Hour and minute) 10:00 PM M.

21. I hereby certify that I attended the deceased from ....., 19 ..... to no, 19 ..... ;
that I last saw h..... alive on ....., 19 ..... ;
and that death occurred on the date and hour stated above.

Immediate cause of death drowned.

Due to drowned accidental

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 July 20, 1944.
(c) Where did injury occur? North Gila Valley (City or Town) Yuma (County) Arizona (State).
(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home, drowned in Canal. (Specify type of place)
While at work? no (e) Means of injury drowning

23. Signature Mrs. R. H. Lutes, Justice of the Peace
Address Yuma Court House Date signed July 21, 1944

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