1014

485

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 485
Registrar's No. 185

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location Yuma General Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 4 days; In Community 4 days (Specify whether years, months or days); in Arizona 4 days
2. Usual Residence of Deceased: (a) State California; (b) County Imperial; (c) City or Town Winterhaven (If outside city limits also write RURAL)
(d) Street No. —
(e) Citizen of foreign country (yes or No) no
If Yes, which country
(b) If Veteran name war
(c) Social Security No. —
3. (a) FULL NAME Isaiah Abbott

4. Sex male
5. Color or Race white
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Nannie M.
6. (c) Age of husband or wife, if alive 62 yrs.
7. Birthdate of deceased (Month) (Day) (Year) Mar 2, 1867
8. AGE: Years 74 77 Months 7 Days 0 If less than one day hrs. min.
9. Birthplace (City, town or county) (State or Country) Oregon
10. Usual Occupation Laborer
11. Industry or Business Farm
Father 12. Name Robert Abbott
13. Birthplace (City, town or county) (State or Country) U.S.A.
Mother 14. Maiden Name Allodia A. Reed
15. Birthplace (City, town or county) (State or Country) U.S.A.
16. (a) Informant's own signature O. Johnson
(b) Address Drawer 310 Yuma Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma, Arizona (c) Date 10/13/44
18. (a) Embalmer's Signature O. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma, Arizona
19. (a) November 10, 1944 (Date received local Registrar)
(b) Mary A. Wupperman (Registrar's Signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 5, 1944;
TIME (Hour and minute) 7:00 a. M.
21. I hereby certify that I attended the deceased from 3/10, 1944 to Oct 5, 1944;
that I last saw him alive on Oct 5, 1944;
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia
Due to Cardiovascular Renal Disease
Due to
Other conditions Bronchopneumonia (Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy —

DURATION
3 days
3 yrs
2 days

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 [signature] M. D.
Address [illegible] Date signed 11/8/44