

1646

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 584
Registrar's No. 198

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Local Yuma General Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 Day; In Community 22 yrs; in Arizona 22 yrs
(Specify whether years, months or days)
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. _____; (e) Citizen of foreign country (yes or No) No
3. (a) FULL NAME Samuel Tilden Sutton (b) If Veteran No (c) Social Security No. more

4. Sex male 5. Color or Race white 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Ettie Sutton 6. (c) Age of husband or wife, if alive 38 yrs.
7. Birthdate of deceased January 10 1918
(Month) (Day) (Year)
9. AGE: Years 67 Months 10 Days 16 If less than one day hrs. min.
9. Birthplace Louisville, Kentucky
(City, town or county) (State or Country)
10. Usual Occupation Farmer
11. Industry or Business farm
Father { 12. Name Will Sutton
13. Birthplace Kentucky
(City, town or county) (State or Country)
Mother { 14. Maiden Name Bell Gibson
15. Birthplace Kentucky
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Ettie Sutton
(b) Address Post Engineers Y.A.A.F. Yuma, Arizona
17. (a) Burial, Cremation or Removal Burial
Yuma, Arizona (b) Place Yuma, Arizona (c) Date Nov. 29 1944
18. (a) Embalmer's Signature O. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma, Arizona
19. (a) November 29 1944
(Date received local Registrar) (b) Mary A. Wifferman
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, Day, Year) November 26 1944, 19 44;
TIME (Hour and minute) 7:40 A M.
21. I hereby certify that I attended the deceased from July 1, 19 44 to Nov 26, 19 44;
that I last saw him alive on Nov 26, 19 44
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage
Due to Malignt Hypertension
Due to _____
Other conditions Ren. Arter. sclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
3 days
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 M. D. Williams M. D.
Address Yuma, Ariz Date signed 11/27/44