

2958

511

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No.

Registrar's No.

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location Yuma General  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 1 week In Yuma General ; 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. John William Harrell ; (e) Citizen of foreign country (Yes or No) No  
If Yes, which country \_\_\_\_\_  
3. (a) FULL NAME John William Harrell (b) If Veteran \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex male Race White  Indian  Negro   Oriental  
6. (a) Single, married, widowed or divorced married  
6. (c) Age of husband or wife, if alive 34 yrs.  
7. Birthdate of deceased Feb 22 1892  
(Month) (Day) (Year)  
8. AGE: Years 53 Months 3 Days 12 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Acuson Texas  
(City, town or county) (State or Country)  
10. Usual Occupation laborer  
11. Industry or Business harbor  
Father { 12. Name Samuel G Harrell  
13. Birthplace Alabama  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Ella Mills  
15. Birthplace Texas  
(City, town or county) (State or Country)

16. (a) Informant's own signature Jewell Harrell  
(b) Rt 1 Box 166h Somerton

17. (a) Burial, Cremation or Removal Burial  
(b) Place Yuma City (c) Date 6/8 1945  
18. (a) Embalmer's Signature The Johnson Mortuary  
(b) Funeral Director The Johnson Mortuary  
(c) Address Yuma Arizona

19. (a) 6-9-45  
(Date received Local Registrar)  
(b) Mary A. Whifferman  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) June 5 1945  
TIME (Hour and minute) 4:00 a.m.  
21. I hereby certify that I attended the deceased from May 22  
1945 to June 5 1945;  
that I last saw him alive on June 5 1945;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Internal Hemorrhage  
Due to Typhoid Fever  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 Robert E. Pider M. D.  
Address 167 E. 3rd St. Yuma, Ariz. Date signed June 6, 1945