2375

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 532
Registrar's No. 181

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 I2 hrs; In Community I2 hrs; In Arizona I2 hrs (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma; (c) City or Town ~~Yuma~~ Somerton (If outside city limits also write RURAL)
(d) Street No. ——; (e) Citizen of foreign country (Yes or No) no
If Yes, which country
3. (a) FULL NAME No Name Infant of Virgil E. Beshears (b) Veteran name war ——; (c) Social Security No. ——

4. Sex Male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced (Twin) single
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased October 2I I945 (Month) (Day) (Year)
8. AGE: Years | Months | Days | If less than one day hrs. I2 min.
9. Birthplace Yuma, Arizona (City, town or county) (State or Country)
10. Usual Occupation Child
11. Industry or Business none
Father: 12. Name Virgil E. Beshears
13. Birthplace Ringland, Jefferson County Oklahoma (City, town or county) (State or Country)
Mother: 14. Maiden Name Marie Bagby
15. Birthplace Oklahoma (City, town or county) (State or Country)
16. (a) Informant's own signature Mrs J A Beshears
(b) Address Rt I Box I90 Somerton, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Cemetery (c) Date I0/23/45
18. (a) Embalmer's Signature O. S. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma, Arizona
19. (a) October 25 1945 (Date received Local Registrar)
(b) Mary A. Wupperman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 22 I945, 19__;
TIME (Hour and minute) I:00 A M.
21. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__;
that I last saw him alive on 10/22, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Prematurity
Atelectasis
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
12 hrs
17 hrs

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, Ariz. Date signed 10-23-45

40M—100% Rag—6-10-44