3013

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 553
Registrar's No. 203

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 3 1/2 Hours; In Community life (Specify whether years, months or days); In Arizona life

2. Usual Residence of Deceased: (a) State Ariz.; (b) County Yuma; (c) City or Town Yuma (If outside city limits also write RURAL)
(d) Street No. Rural; (e) Citizen of foreign country (Yes or No) no
If Yes, which country
(f) Veteran name war 166 (g) Social Security No.

3. (a) FULL NAME Joe Gordon Wilbanks

4. Sex male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased December 14 1930 (Month) (Day) (Year)

8. AGE: Years 14 Months 11 Days 1 If less than one day hrs. ..... min.

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

10. Usual Occupation School

11. Industry or Business Child

Father
12. Name Doss B. Wilbanks
13. Birthplace Texas (City, town or county) (State or Country)

Mother
14. Maiden Name Ethel Jones
15. Birthplace Texas (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Ethel Allen
(b) Address P.O. Box 1769 Yuma Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Arizona (c) Date 11/17 1945

18. (a) Embalmer's Signature O. E. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma Arizona

19. (a) November 17, 1945 (Date received Local Registrar)
(b) Mary A. Huffermann (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 15 45, 19..
TIME (Hour and minute) 11:45 a. M.

21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.
Immediate cause of death Gunshot wound through the Skull and Brain
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION
3 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) Homicide
(b) Date of occurrence 11-15-1945
(c) Where did injury occur? Near Yuma (City or Town) Yuma (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)
While at work? no (e) Means of injury Gunshot Wound

23. Signature R. H. Lutes, Coroner
Address Yuma Ariz Date signed 11-17-1945

40M—100% Rag—6-10-44