737

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 689
Registrar's No. 2/2

STANDARD CERTFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location Yuma Gen Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution few minutes; In Community 10 yrs (Specify whether years, months or days); In Arizona 10 yrs

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. 685 Sixth Avenue; (e) Citizen of foreign country (Yes or No) no
If Yes, which country

3. (a) FULL NAME Charles Edward Blalack (b) If Veteran name war no (c) Social Security No. none

4. Sex Male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Frances B.
6. (c) Age of husband or wife, if alive 54 yrs.
7. Birthdate of deceased February (Month) 15 (Day) 1888 (Year)
8. AGE: Years 57 Months 9 Days 22 If less than one day hrs. min.
9. Birthplace Hattisburg (City, town or county) Miss. (State or Country)
10. Usual Occupation Co-owner Feed and Seed co
11. Industry or Business Seed and Feed Co.
Father 12. Name Patrick E. Blalack
13. Birthplace (City, town or county) Miss (State or Country)
Mother 14. Maiden Name Viola Vail
15. Birthplace (City, town or county) Alabama (State or Country)
16. (a) Informant's own signature V. E. Blalack
(b) Address 685 - 6th ave Yuma Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Glendale Calif. (c) Date 12/01 1945
18. (a) Embalmer's Signature O. Johnson
(b) Funeral Director The Johnson mortuary
(c) Address Yuma Arizona
19. (a) December 10, 1945 (Date received Local Registrar)
(b) Mary A. Wupperman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dedember 7, 1945;
TIME (Hour and minute) 6:45 P M.
21. I hereby certify that I attended the deceased from Dec 7, 1945 to Dec 7, 1945;
that I last saw him alive on Dec. 7, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION 10 min

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 W. C. Cain M. D.
Address Yuma Ariz Date signed Dec 10, 1945

40M—100% Rag—6-10-44