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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 529
Registrar's No. 110

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location Yuma Gen. Hosp (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 day (Specify whether years, months or days); In Community 18 yrs; In Arizona 18 yrs

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma; (c) City or Town Yuma, rural (If outside city limits also write RURAL)
(d) Street No. Avenue B and 5th Street; (e) Citizen of foreign country (Yes or No) no
If Yes, which country
(b) If Veteran name war no (c) Social Security No. no

3. (a) FULL NAME Laudy Clarence Gilpin

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 Della M.
6. (c) Age of husband or wife, if alive 61 yrs.
7. Birthdate of deceased August (Month) 18 (Day) 1879 (Year)
8. AGE: Years 66 Months 10 Days 25 If less than one day hrs. min.
9. Birthplace Shelbyville (City, town or county) Illinois (State or Country)
10. Usual Occupation Farmer
11. Industry or Business farming
Father 12. Name William Gilpin
Father 13. Birthplace Unknown (City, town or county) Illinois (State or Country)
Mother 14. Maiden Name Lyde Jerdon
Mother 15. Birthplace Unknown (City, town or county) Illinois (State or Country)
16. (a) Informant's own signature Clayton Gilpin
(b) Address Ave B and 5th St. Yuma, Ariz.
17. (a) Burial, Cremation, or Removal Burial
(b) Place Yuma, Arizona (c) Date 7-16-46
18. (a) Embalmer's Signature Robert E. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma, Arizona
19. (a) July 14, 1946 (Date received Local Registrar)
(b) Mary A. Huffermann (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 13, 1946
TIME (Hour and minute) 6 30 P M.
21. I hereby certify that I attended the deceased from May 1, 1946 to July 13, 1946; that I last saw him alive on July 13, 1946 and that death occurred on the date and hour stated above.
Immediate cause of death Acute yellow atrophy of the liver
Due to Undetermined
Due to
Other conditions Aneurysm thoracic aorta (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy Acute yellow atrophy of liver Aneurysm thoracic aorta

DURATION
x 3 mos
about 5 yrs.

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 7/13/46

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