

1161

595

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. \_\_\_\_\_  
Registration No. 79 Hospital  
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Yuma (b) City or Town Yuma rural (c) Location Yuma Gen Hospital  
(If outside city limits also write RURAL.)  
(d) Length of Stay: In Hospital or Institution Stillborn In Community \_\_\_\_\_  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Stillborn (b) County \_\_\_\_\_ (c) City or Town \_\_\_\_\_  
(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 Albert Lee Rogers Jr (b) If Veteran name war no (c) Social Security No. no

4. Sex Male 5. Race White  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 Nov 30 1946  
(Month) (Day) (Year)

8. AGE: Stillborn hrs. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

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

10. Usual Occupation Stillborn

11. Industry or Business \_\_\_\_\_

Father { 12. Name Albert Rogers  
13. Birthplace Kasse Texas  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Lucille Brown  
15. Birthplace Waco Texas  
(City, town or county) (State or Country)

16. (a) Informant's own signature Albert Rogers  
(b) Address 113 21st St Yuma

17. (a) Burial, Cremation or Removal Burial  
Yuma Cemetery  
(b) Place Yuma (c) Date 12-3-46

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

19. (a) 12-3-46  
(Date received Local Registrar)

(b) Mary A. Whippeman  
(Registrar's Signature)  
Leah W. Whippeman Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 30 1946  
TIME (Hour and minute) 4:50 A M.

21. I hereby certify that I attended the deceased from Nov 30 1946 to Nov 30 1946  
that I last saw him Stillborn live on Nov 30 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Stillborn

Due to Prematurity - 33 weeks gestation  
Abruptio placentae  
Due to Maternal diabetes, latent,  
inadequately treated

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION  
1 hour  
4 days  
4 years  
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 A. J. Podalsky M. D.  
Address Yuma, Arizona Date signed 12-3-46