734

Birth Certif. #36, attached.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 680
Registrar's No. 10.

1. Place of Death: (a) County Yuma (b) City or Town Yuma, rural (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 birth; In Community birth; In Arizona birth (Specify whether years, months or days)

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. Yuma General Hospital; (e) Citizen of foreign country (Yes or No) no If Yes, which country

3. (a) FULL NAME Ronnie Michael Bailey (b) If Veteran name war no (c) Social Security No. no

4. Sex: Male

5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ white

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 January (Month) 15 (Day) 1947 (Year)

8. AGE: Years | Months | Days 2 | If less than one day hrs. ..... min. .....

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

10. Usual Occupation infant

11. Industry or Business none

Father
12. Name Ralph L. Bailey
13. Birthplace Friant (City, town or county) California (State or Country)

Mother
14. Maiden Name Violet Georgia Cox
15. Birthplace Randolph Co. (City, town or county) Indiana (State or Country)

16. (a) Informant's own signature X Ralph L. Bailey
(b) Address Rt. 1 Box 85 A Yuma, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Desert Lawn Mem Park (c) Date 1-18- 1947

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

19. (a) 1-17-47. (Date received Local Registrar)
(b) Inary A. Wipperman (Registrar's Signature)

18 30M—100% Rag—5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 17, 1947;
TIME (Hour and minute) 2:40 A.M.

21. I hereby certify that I attended the deceased from ..... to ..... Did not attend - diagnosis below by autopsy
that I last saw h. alive on ....., 19..;
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart disease - atresia of aorta - patent foramen ovale - patent ductus arteriosus. Septa intact,
Due to left ventricle non-functioning.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy above

DURATION
2 days

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 Clarence M. Lightner M. D.
Address 601 5th Ave., Yuma, Arizona Date signed 1-17-47