

736

682

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. \_\_\_\_\_

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location Yuma Gen. Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 1 day; In Community 3 days; In Arizona 3 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix  
(If outside city limits also write RURAL)  
(d) Street No. 3101 W. Manor Drive; (e) Citizen of foreign country (Yes or No) no  
3. (a) FULL NAME Ernest Clay Brandenburg (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Race White  Indian  Negro   Oriental  
6. (a) Single, married, widowed or divorced Married  
6. (b) Name of husband Abbie Brandenburg 6. (c) Age of husband or wife, if alive 47 yrs.  
7. Birthdate of deceased July 9, 1887  
(Month) (Day) (Year)  
8. AGE: Years 59 Months 6 Days 9 If less than one day hrs. min.  
9. Birthplace Missouri City, Mo.  
(City, town or county) (State or Country)  
10. Usual Occupation Insurance  
11. Industry or Business Insurance Business  
Father { 12. Name J. M. Brandenburg  
13. Birthplace Columbia, Mo.  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Fannie Lee George  
15. Birthplace Missouri City Mo.  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs E C Brandenburg  
(b) Address 3101 W. Manor Drive, Phoenix Ariz.  
17. (a) Burial, Cremation or Removal Removal  
(b) Place Phoenix, Arizona (c) Date 1/18/47  
18. (a) Embalmer's Signature F. H. Johnson  
(b) Funeral Director The Johnson Mortuary  
(c) Address Phoenix, Arizona  
19. (a) 1-18-47 (Date received Local Registrar)  
(b) Mary A. Klipperman (Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) January 18, 1947  
TIME (Hour and minute) 2:00AM M.  
21. I hereby certify that I attended the deceased from Jan 17 1947 to Jan 18 1947  
that I last saw him alive on Jan 18 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary occlusion  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Renal Calculi  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations: \_\_\_\_\_  
DURATION 3 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 [Signature] Address Yuma Ariz Date signed 1/18/47