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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 568
Registrar's No. 22

1. Place of Death: (a) County Yuma (b) City or Town Yuma (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 10 days; In Community 4 yrs; In Arizona 4 yrs. (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma; (c) City or Town Yuma Pl. (If outside city limits also write RURAL)
(d) Street No. Rt 1 Box 445 8½ St Ave B (e) Citizen of foreign country (Yes or No) no
If Yes, which country
3. (a) FULL NAME Rosa Elizabeth Abbott (b) If Veteran name war (c) Social Security No.

4. Sex Female
5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced widowed
6. (b) Name of husband or wife Frank Abbott
6. (c) Age of husband or wife, if alive yrs.
7. Birthdate of deceased May 14 1903 (Month) (Day) (Year)
8. AGE: Years 43 Months 6 Days 20 If less than one day hrs. min.
9. Birthplace (unknown) Texas (City, town or county) (State or Country)
10. Usual Occupation Hwfe
11. Industry or Business Home
Father 12. Name John Alexander
13. Birthplace unknown (City, town or county) (State or Country)
Mother 14. Maiden Name Cora Blandel
15. Birthplace unknown (City, town or county) (State or Country)
16. (a) Informant's own signature Rose Abbott
(b) Address Rt 1 Box 445 Yuma Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Arizona (c) Date 2/7 1947
18. (a) Embalmer's Signature O. G. Johnson
(b) Funeral Director The Johnson mortuary
(c) Address Yuma Arizona
19. (a) 2-5-47 (Date received Local Registrar)
(b) Mary A. Wipperman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 4 1947
TIME (Hour and minute) 7:35 A M.
21. I hereby certify that I attended the deceased from Feb. 3, 1947 to Feb. 4, 1947; that I last saw her alive on Feb. 3, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction
Due to adhesions resulting in volvulus of small intestines
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Adhesive band resulting in twisting of loop of small intestines with gangrene
Of autopsy

DURATION 7 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 W. C. Cain M. D.
Address Yuma Ariz Date signed Feb. 4, 1947

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