2013

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 613
Registrar's No. 39

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

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 1 days; In Community 4 mos (Specify whether years, months or days); In Arizona 4 mos

2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma; (c) City or Town Somerton Rd. (If outside city limits also write RURAL)

(d) Street No. Government Camp; (e) Citizen of foreign country (Yes or No) no
If Yes, which country

3. (a) FULL NAME CARVIE WASHINGTON IVY (b) If Veteran name war no (c) Social Security No. no

4. Sex: male
5. Race: White [X] 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 November 6 1946 (Month) (Day) (Year)

8. AGE: Years ____ Months 4 Days 4 If less than one day hrs. ____ min. ____

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

10. Usual Occupation child

11. Industry or Business

Father
12. Name Carvie Ivy
13. Birthplace (unk) Texas (City, town or county) (State or Country)

Mother
14. Maiden Name LucilleSchckowskie
15. Birthplace (unk) Wisconsin (City, town or county) (State or Country)

16. (a) Informant's own signature C. W. Ivy.
(b) Address Somerton C/o Gov't Camp

17. (a) Burial, Cremation or Removal burial
(b) Place Yuma, Arizona (c) Date 3/13/47 19

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

19. (a) 3-14-47 (Date received Local Registrar)
(b) Mary A. Huppenmann (Registrar's Signature)
Leslie L. Huppenmann, Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 10 1947 19
TIME (Hour and minute) 10:30 P.

21. I hereby certify that I attended the deceased from March 10, 1947 to March 10, 1947; that I last saw him alive on March 10, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Gastro enteric intoxication — DURATION 3 days
Due to Infantile Convulsions — 3 days
Due to

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations
Of autopsy

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. Cam M. D.
Address Yuma Ariz Date signed 3/14/47

40M—100% (Reg. 5-10-44)