2636

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 586
Registrar's No. 57

STANDARD CERTFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Yuma (b) City or Town Yuma, rural (If outside city limits also write RURAL) (c) Location Yuma Gen. Hosp. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Four days (Specify whether years, months or days); In Community life; In Arizona life

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. 1304 Fourth Avenue (e) Citizen of foreign country (Yes or No) no
If Yes, which country
(b) If Veteran name war no (c) Social Security No. no

3. (a) FULL NAME Joyce Cameron

4. Sex Female
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 January (Month) 14 (Day) 1947 (Year)
8. AGE: Years — Months 3 Days 6 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 home

Father
12. Name B.C. Cameron
13. Birthplace Paris (City, town or county) Texas (State or Country)

Mother
14. Maiden Name Jadi Lou Brock
15. Birthplace Paris (City, town or county) Texas (State or Country)

16. (a) Informant's own signature B.C. Cameron
(b) Address 1304 4th ave. Yuma

17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma, Arizona (c) Date 4-23 1947

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

19. (a) 4-21-47. (Date received Local Registrar)
(b) Mary A. Huppermann (Registrar's Signature)
Leslie L. Huppermann. Deptg

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 20, 1947;
TIME (Hour and minute) 6:00A M.

21. I hereby certify that I attended the deceased from April 15, 1947 to April 20, 1947;
that I last saw her alive on April 20, 1947;
and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death Bronchopneumonia	1 day
Due to Entero-colitis, acute	10 days
Due to	
Other conditions Dehydration, marasmus (Include pregnancy within three months of death)	10 days

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 A. J. Podolsky M. D.
Address Yuma, Arizona Date signed 4-21-47.

40M—100% Rag—6-10-44