2239

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 472
Registrar's No. 106

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location 1180 3rd avenue (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ——; In Community ☒ 13 years (Specify whether years, months or days); In Arizona 13 years

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. 1180 third avenue; (e) Citizen of foreign country (Yes or No) no If Yes, which country

3. (a) FULL NAME ROGER LEWIS (b) If Veteran name war no (c) Social Security No. 527-03-3827

4. Sex: Male
5. Race: White ☐ Indian ☐ Negro ☒ Oriental ☐
6. (a) Single, married, widowed or divorced: married
6. (b) Name of husband or wife: Pearline
6. (c) Age of husband or wife, if alive: 48 yrs.
7. Birthdate of deceased: December (Month) 8 (Day) 1898 (Year)
8. AGE: Years 48 Months 7 Days 23 If less than one day hrs. ____ min. ____
9. Birthplace: Henderson (City, town or county) Texas (State or Country)
10. Usual Occupation: janitor
11. Industry or Business: Yuma Theater

Father
12. Name: John H[redacted]n Lewis
13. Birthplace: ~~unknown~~ Henderson (City, town or county) Texas (State or Country)

Mother
14. Maiden Name: Lizzie Jackson
15. Birthplace: Unknown (City, town or county) Texas (State or Country)

16. (a) Informant's own signature: Pearline Lewis
(b) Address: 1180 3rd avenue Yuma

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Yuma Cemetery (c) Date: 8-6 1947
18. (a) Embalmer's Signature: R E Johnson
(b) Funeral Director: The Johnson Mortuary
(c) Address: Yuma, Arizona

19. (a) Aug 5 1947 (Date received, Local Registrar)
(b) Mary A Wufferman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 1 1947; TIME (Hour and minute) 4:50P M.
21. I hereby certify that I attended the deceased from ____, 19____ to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death: electrocution — DURATION: inst
Due to: contact with faulty electric cord
Due to:
Other conditions (Include pregnancy within 3 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): accident
(b) Date of occurrence: August 1, 1947
(c) Where did injury occur? Yuma (City or Town) Yuma (County) Arizona (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home, in garage (Specify type of place)
While at work? no (e) Means of injury: electrocution
23. Signature: R. N. Lutes Coroner M. D.
Address: Yuma, Ariz Date signed 8-4-47

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