9952

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 660
Registrar's No. 184.

STANDARD CERTIFICATE 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 (St. & No. (or) Name of Institution) Yuma General Hospital
(d) Length of Stay: In Hospital or Institution 1½ Hours (Specify whether years, months or days); In Community 2 weeks; In Arizona 2 weeks

2. Usual Residence of Deceased: (a) State California (b) County San Diego Co.; (c) City or Town Jacumba (If outside city limits also write RURAL)
(d) Street No. U.S.Highway 80; (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 SAMUEL GRANT HARRELL

4. Sex: male
5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced: widowed
6. (b) Name of husband or wife: Ellen
6. (c) Age of husband or wife, if alive ....yrs.
7. Birthdate of deceased March 7 1864 (Month) (Day) (Year)
8. AGE: Years 83 Months 9 Days 13 If less than one day hrs. ....min....
9. Birthplace Alabama (City, town or county) (State or Country)
10. Usual Occupation Special Deputy Sheriff of Imperial County Calif.
11. Industry or Business
Father 12. Name Samuel Grant Harrell
13. Birthplace unk. Alabama (City, town or county) (State or Country)
Mother 14. Maiden Name Nancy Ellsworth
15. Birthplace unk. Kentucky (City, town or county) (State or Country)
16. (a) Informant's own signature Raywood P. Harrell
(b) Address Box 55 El Centro, California
17. (a) Burial, Cremation or Removal removal
(b) Place El Centro, Calif (c) Date 12/20/47
18. (a) Embalmer's Signature O.C. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma, Arizona
19. (a) 12-20-47. (Date received Local Registrar)
(b) Mary A. Huffsermann (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 12/20, 1947; TIME (Hour and minute) 12:45 A.M.
21. I hereby certify that I attended the deceased from Dec. 14, 1947 to Dec. 20, 1947, that I last saw him alive on Dec. 19, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic — DURATION 10 yrs.
Due to .
Due to — 10 yrs.
Other conditions (Include pregnancy within three months of death) Asthma, Hypertension
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 Philip R. Arthur M.D. Date signed 12/20/47
Address Jacumba Calif.

40M—100% Rag—6-10-44