

STANDARD CERTIFICATE OF DEATH
 FEDERAL SECURITY AGENCY
 U. S. PUBLIC HEALTH SERVICE
 NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS

State File No. **2550**

1. Place of Death: (a) County Yuma (b) City or Town Yuma (Rural) (c) Location 8th St and Canal
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
 (d) Length of Stay: In Hospital or Institution none; In Community 12 yrs; In Arizona 12 yrs
 (Specify whether years, months or days)
 2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma (c) City or Town Yuma Rural
 (If outside city limits also write RURAL)
 (d) Street No. 8th St and Canal (e) Citizen of foreign country (Yes or No) no
 3. (a) FULL NAME JAMES M. THOMPSON (b) If veteran name war - (c) Social Security No. 527-16-8388

4. Sex Male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced widowed
 6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife, if alive _____ yrs.
 7. Birthdate of deceased Oct. 31, 1888.
 (Month) (Day) (Year)
 8. AGE: Years 59 Months 5 Days 2 hrs _____ min. _____ If less than one day
 9. Birthplace Windslo Ark. (City, town or county) (State or Country)
 10. Usual Occupation farmer
 11. Industry or Business farming
 12. Name Munro Thompson
 13. Birthplace unk. Tenn. (City, town or county) (State or Country)
 14. Maiden Name Alice Smith
 15. Birthplace unk. Tenn. (City, town or county) (State or Country)
 16. (a) Informant's own signature [Signature]
 (b) Address Bx. 310 Yuma Arizona
 17. (a) Burial, Cremation or Removal Burial
 (b) Place Yuma, Arizona (c) Date 10/48
 18. (a) Embalmer's Signature [Signature]
 (b) Funeral Director The Johnson Mortuary
 (c) Address Box 310 Yuma, Arizona
 19. (a) 4-20-48 (Date received Local Registrar)
 (b) Mary K. Mufferman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 2, 1948, 19____
 TIME (Hour and minute) 10:30PM M.
 21. I hereby certify that I attended the deceased from NEVER SAW ALIVE, 19____
 that I last saw h_____ alive on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary Thrombosis
 Due to _____
 Due to _____
 Other conditions (include pregnancy within three months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 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)
 Write at work? _____ (e) Means of injury _____
 23. Signature [Signature] M. D.
 Address Yuma, Ariz Date signed 4-3-48

DURATION inst.
 PHYSICIAN
 Underline the cause to which death should be charged statistically