

2285

7075

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. \_\_\_\_\_

Registrar's No. 26

1. Place of Death: (a) County Yuma (b) City or Town Parker, Rural (c) Location Colorado River Agency  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 18 hours; In Community 1 mo. 10 days; In Arizona 1 mo. 10 days  
(Specify whether years, months or days)

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

(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME TRUMAN RAY DRENNAN (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Race White  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 October 20, 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 1 10 hrs. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual Occupation \_\_\_\_\_

11. Industry or Business \_\_\_\_\_

Father { 12. Name Edward Drennan

13. Birthplace Colorado River Indian Reservation  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Elizabeth Dock

15. Birthplace Colorado River Indian Reservation  
(City, town or county) (State or Country)

16. (a) Informant's own signature Records, - Hospital

(b) Address Parker, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Parker, Arizona (c) Date 11/1/48 19 48

18. (a) Embalmer's Signature Family & Friends

(b) Funeral Director \_\_\_\_\_

(c) Address Parker, Arizona

19. (a) 12/10/48  
(Date received Local Registrar)

(b) Robert L. Currie  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 30, 1948  
TIME (Hour and minute) 4:30 P. M.

21. I hereby certify that I attended the deceased from November 29, 1948 to November 30, 1948,  
that I last saw him alive on November 30, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Dysentery

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION

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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Robert L. Currie Robert L. Currie, M. D.  
Address Parker, Arizona Date signed 11/30/48