

1394

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO.

545

143X

REGISTRAR'S NO. 2

DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY Yuma		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Yuma			
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) Yuma, Rural		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) Yuma (Rural)			
	D. FULL NAME OF HOSPITAL OR INSTITUTION 8th St and Date Ave		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 8th St and Date Ave			
AGE SEX RACE	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) JOSEPH B. (MIDDLE) FRANCIS C. (LAST) KEANE			4. SEX Male	5. COLOR OR RACE White	
	6. MARRIED (TYPE OR PRINT) NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH Nov DAY 18 YEAR 1873	8. AGE YEARS 75 MONTHS 1 DAYS 22	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Engine Room Oiler	
	9B. KIND OF BUSINESS OR INDUSTRY Ice Mfg. Co.		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penn.	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no	13. SOCIAL SECURITY NO. none
	14A. FATHER'S NAME James V. Keane		14B. BIRTHPLACE (STATE OR COUNTRY) Penn.	15A. MOTHER'S MAIDEN NAME Mary Whaley		15B. BIRTHPLACE (STATE OR COUNTRY) Penn.
INFORMANT'S SIGNATURE	16. INFORMANT'S SIGNATURE Arnold L. Keane Box 295 Yuma Ariz		17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 10 1949			
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). ↑ THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Asthma DUE TO (c) --- II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. ---		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 years 10 yrs.	
OPERATION	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
INJURY	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-8 19 49 TO 1-10 19 49 . THAT I LAST SAW THE DECEASED ALIVE ON 1-10 19 49 AND THAT DEATH OCCURRED AT 7:45 AM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
SIGNATURE	23A. SIGNATURE (DEGREE OR TITLE) Robert E. Rider M.D.		23B. ADDRESS 167 E. 2nd St Yuma Ariz		23C. DATE SIGNED Jan 11, 1949	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 1-13-49		24C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park Yuma, Arizona	
REGISTRAR	25A. DATE REC'D BY LOCAL REG. 1-12-49		25B. REGISTRAR'S SIGNATURE Mary A. Huffman		26. FUNERAL DIRECTOR'S SIGNATURE The Johnson Funeral Home by O. Johnson	