

2076

332X

1160

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 27.

15 51
PLACE OF DEATH
AND
RESIDENCE
4

2
1
3
PERSONAL
DATA
169
9
249

332X
0
ITEM 18)
✓0

PERATIONS,
AUTOPSY 2

DEATH
DUE TO
EXTERNAL
INJURY

MEDICAL
CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR 2

1. PLACE OF DEATH
A. COUNTY Yuma
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Yuma Rural
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 5 yrs 6 mo
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Yuma General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE Arizona B. COUNTY Yuma
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL OR TOWN) Yuma
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 442 7th St

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) Mary B. (MIDDLE) Dennis C. (LAST) Female D. SEX Female E. COLOR OR RACE White

6. MARRIED - - - - - NEVER MARRIED WIDOWED DIVORCED
7. DATE OF BIRTH Aug 15 1879 8. AGE 69 YEARS 6 MONTHS 7 DAYS
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife

9B. KIND OF BUSINESS OR INDUSTRY None 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ireland 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 John Gallagher 14B. BIRTHPLACE STATE OF COUNTRY Ireland 15A. MOTHER'S MAIDEN NAME Unknown 15B. BIRTHPLACE STATE OF COUNTRY Ireland

16. INFORMANT'S SIGNATURE Mrs W H Beau ADDRESS 442 7th St 17. DATE OF DEATH (MONTH) (DAY) (YEAR) February 22 1949

18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).)
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis
Thrombosis at femoral artery
ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis
Diabetes mellitus
DUE TO (c) Malignant Hypertension
II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.)
19. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

19A. DATE OF OPERATION
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)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 31 1944 TO Feb 22 1949 THAT I LAST SAW THE DECEASED ALIVE ON Feb 22 1949 AND THAT DEATH OCCURRED at Noon FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE) Mrs A Shelly 23B. ADDRESS Yuma 9 23C. DATE SIGNED 2/22/49

24A. BURIAL CREMATION REMOVAL
24B. DATE 2/23/49 24C. NAME OF CEMETERY OR CREMATORY shipped to 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yakima Washington
25A. DATE REC'D BY LOCAL REG. 2-23-49 25B. REGISTRAR'S SIGNATURE Mary A. Wofford 25C. FUNERAL DIRECTOR'S SIGNATURE The Johnson mortuary ADDRESS Box 310
W. Johnson Yuma Ariz.