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

REGISTRAR'S NO. 42

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1. PLACE OF DEATH A. COUNTY Yuma		2. USUAL RESIDENCE A. STATE Arizona B. COUNTY Yuma	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) TOWN Yuma, rural		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Yuma, rural	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 47 yr 147 yr		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 17th ave and 4th st	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION 17th ave and 4th st			
3. NAME OF DECEASED A. (FIRST) Catherin B. (MIDDLE) C. C. (LAST) Church			4. SEX Female
5. COLOR OR RACE White			
6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR Mar 17 63	
8. AGE YEARS MONTHS DAYS 86 0 2		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). hwie	
9B. KIND OF BUSINESS OR INDUSTRY home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky	
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 unknown Martin		14B. BIRTHPLACE (STATE OR COUNTRY) unknown	
15A. MOTHER'S MAIDEN NAME unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Ky.	
16. INFORMANT'S SIGNATURE Elmer worth		17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 19 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, ASTHMA, 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) <i>Senility</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Paralytic stroke</i> DUE TO (c) <i>Bed sores</i> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
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)			
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 5:00 P. 1949 TO 8:00 P. 1949 THAT I LAST SAW THE DECEASED ALIVE ON Mar 17 1949 AND THAT DEATH OCCURRED AT 8:00 P. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE W. C. Cain M.D.		23B. ADDRESS 207 2nd ave Yuma	
23C. DATE SIGNED 3-21-49			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 3-22-49	
24C. NAME OF CEMETERY OR CREMATORY Desert Dawn Memorial Park		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona	
25A. DATE REC'D BY LOCAL REG 3-21-49		25B. REGISTRAR'S SIGNATURE Mary A. Huberman	
26. FUNERAL DIRECTOR'S SIGNATURE R. E. Johnson		THE JOHNSON MORTUARY BOX 310 Yuma Arizona	