

245

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2220

CERTIFICATE OF DEATH

REGISTRAR'S NO. 6

1. PLACE OF DEATH
A. COUNTY Yuma Rural
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR RURAL) Town Parker (rural)
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 1 day 26 yr.
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Colorado River Agency

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 Poston
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED
A. (FIRST) Leonidas B. (MIDDLE) Moroni C. (LAST) Mecham
4. SEX M 5. COLOR OR RACE White

6. MARRIED NEVER MARRIED WIDOWED DIVORCED
7. DATE OF BIRTH
MONTH May DAY 23 YEAR 1883
8. AGE
YEARS 65 MONTHS 11 DAYS 4
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).
Equipment foreman

9B. KIND OF BUSINESS OR INDUSTRY U.S. Irrigation
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah
11. CITIZEN OF WHAT COUNTRY? U. States
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. -

14A. FATHER'S NAME Moroni K. Mecham
14B. BIRTHPLACE (STATE OR COUNTRY) Navoo Ill.
15A. MOTHER'S MAIDEN NAME Almira K Duke
15B. BIRTHPLACE (STATE OR COUNTRY) Utah

16. INFORMANT'S SIGNATURE Wife Bernice Mecham ADDRESS Poston Ariz.
17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 27 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) Coronary Infarction
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Hypertensive Heart Disease
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
Immediate
Unk.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

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 4/27/49 19... TO 4/27/49 19... THAT I LAST SAW THE DECEASED ALIVE ON 4/21/49 19... AND THAT DEATH OCCURRED AT 8:30 pm FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE Robert L. Currie MD 23B. ADDRESS Parker Arizona 23C. DATE SIGNED 4/27/49

24A. BURIAL CREMATION REMOVAL
24B. DATE 4-27-49
24C. NAME OF CEMETERY OR CREMATORY Parker
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Wickenburg Ariz.

25A. DATE REC'D BY LOCAL REG. 4/27/49
25B. REGISTRAR'S SIGNATURE J. Roberts
25. FUNERAL DIRECTOR'S SIGNATURE H. L. Coffinger Wickenburg Ariz.

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