

1531

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4868

CERTIFICATE OF DEATH

REGISTRAR'S NO. 5

BIRTH NO. 523		1. PLACE OF DEATH A. COUNTY <u>Yuma</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>California</u> B. COUNTY <u>San Bernardino</u>		
EATH 103		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Parker, Rural</u>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>10 days 16 wks.</u>		
DENCE 149		D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Colorado River Agency Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Needles, Rural</u>		
1		3. NAME OF DECEASED A. (FIRST) <u>Victor</u> B. (MIDDLE) C. (LAST) <u>Andrews</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>Indian</u>
3		6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>April</u> DAY <u>8</u> YEAR <u>1904</u>		8. AGE YEARS <u>45</u> MONTHS <u>-</u> DAYS <u>2</u>
7		9B. KIND OF BUSINESS OR INDUSTRY		11. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Laborer</u>
149		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>California</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>-</u>
		14A. FATHER'S NAME <u>Unknown</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>-</u>		15A. MOTHER'S MAIDEN NAME <u>Whyllia Stillman</u>
		16. INFORMANT'S SIGNATURE <u>Colorado River Agency Hospital Records, Parker, Ariz.</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>April 10, 1949</u>
1522		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.				19. INTERVAL BETWEEN ONSET AND DEATH
11		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Disease, Myocarditis</u>				Unknown
91		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <u>Tuberculosis, pulmonary, far advanced, reinfection arrested.</u>				
		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				
NS, 2		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Y		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)
L		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?
ER'S		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>March 31, 1949</u> TO <u>April 10, 1949</u> AND THAT DEATH OCCURRED AT <u>1:00 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
ION		23A. SIGNATURE <u>Robert L. Currie</u>		23B. ADDRESS <u>Colo. River Hospital, Parker, Ariz.</u>		23C. DATE SIGNED <u>4/10/49</u>
L 76		24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>4-11-49</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Tribal Crematory</u>
R		25A. DATE REC'D BY LOCAL REG. <u>5/5/49</u>		25B. REGISTRAR'S SIGNATURE <u>J. B. Roberts</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Calo. River Agency</u>
R 14				26. FUNERAL DIRECTOR'S SIGNATURE <u>none</u>		