

CERTIFICATE OF DEATH

BIRTH NO.

564

REGISTRAR'S NO.

71

15-15
OF DEATH
51
AND
RESIDENCE
5

62
CEDENT 3
PERSONAL
DATA 162
7
150

CAUSE OF
DEATH
TEM 181
0
0

RATIONS,
UTOPSY 2
DEATH
UE TO
TERNAL
OLENCE

EDICAL
ORONER'S
IFICATION

JNERAL
RECTOR
AND
GISTRAR 81
2

1. PLACE OF DEATH A. COUNTY <u>Yuma</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Yuma</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <u>Yuma</u> , RURAL)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Yuma</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>378 14th Avenue</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>378 14th Ave</u>	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>SALLIE</u> B. (MIDDLE) <u>_____</u> C. (LAST) <u>BASS</u>			4. SEX <u>Female</u>	5. COLOR OR RACE <u>Negro</u>
6. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) <input type="checkbox"/>	7. DATE OF BIRTH <u>July 26 1887</u>	8. AGE <u>62</u> YEARS <u>5</u> MONTHS <u>20</u> DAYS	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>House Home</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>House</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Texas</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</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>No</u>
14A. FATHER'S NAME <u>Joe Pierce</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Miss</u>	15A. MOTHER'S MAIDEN NAME <u>unknown</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>unk</u>	
16. INFORMANT'S SIGNATURE <u>Tom Bass</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>January 15 1950</u>		

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 CONTRA-CTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic (Found dead in bed)</u>		
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAT-ING THE UNDERLYING CAUSE LAST. DUE TO (b): _____ DUE TO (c): _____		
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Hypertension</u>		<u>unk</u>

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 not at all TO not at all, 1950, THAT I LAST SAW THE DECEASED ALIVE ON not at all AND THAT DEATH OCCURRED AT 8:00A FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <u>John F. Stanley M.D.</u>	23B. ADDRESS <u>Yuma, Arizona</u>	23C. DATE SIGNED <u>16 Jan. 50</u>
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24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>	24B. DATE <u>1/18/50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Yuma Cemetery</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Yuma Ariz.</u>
25A. DATE REC'D BY LOCAL REG. <u>1-16-50</u>	25B. REGISTRAR'S SIGNATURE <u>Mary O. Wufferman</u>	26. FUNERAL DIRECTOR'S SIGNATURE <u>The Funeral Home</u>	
		27. EMBALMER'S SIGNATURE <u>O. Johnson</u>	