ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1120

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 34.

1. PLACE OF DEATH
A. COUNTY: Yuma (rural)
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Yuma (rural)
C. LENGTH OF STAY IN THIS PLACE: 10 yrs IN ARIZONA: 10 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Corner, 12th St. + Ave "C"

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Yuma - Rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Route 1

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): ALTA
B. (MIDDLE): Murl
C. (LAST): SPURLOCK

4. SEX: female

5. COLOR OR RACE: white

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

7. DATE OF BIRTH: MONTH Oct DAY 4 YEAR 1917

8. AGE: YEARS 32 MONTHS 3 DAYS 16

IF UNDER 24 HOURS: HOURS ___ MIN. ___

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Laborer

9B. KIND OF BUSINESS OR INDUSTRY: Hwie

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas

11. CITIZEN OF WHAT COUNTRY? USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no (IF YES, WAR OR DATES OF SERVICE)

13. SOCIAL SECURITY NO.: no

14A. FATHER'S NAME: Ernest Hyatt

14B. BIRTHPLACE (STATE OR COUNTRY): Georgia

15A. MOTHER'S MAIDEN NAME: Electa White

15B. BIRTHPLACE (STATE OR COUNTRY): Texas

16. INFORMANT'S SIGNATURE: Paul Spurlock ADDRESS: Route I Yuma, Ariz.

17. DATE OF DEATH (MONTH) February (DAY) 2 (YEAR) 1950

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) Hemorrhage Pulmonary Jewman — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Run over the Chest following Accident
DUE TO (c) Severe Cut in forehead Penetrating Skull.

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 ☐ NO ☒

21A. ACCIDENT X HOMICIDE ☐ SUICIDE ☐ (SPECIFY): auto accident

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): on Valley Highway

21C. (CITY OR TOWN) Rural Yuma (COUNTY) Yuma (STATE) Arizona

21D. TIME OF INJURY (MONTH) Feby (DAY) 2 (YEAR) 1950 about 12-4-50 11-40 P.M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Two Cars collided, thrown from the car into the river

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM never 19___ TO ___ 19___ THAT I LAST SAW HIM ALIVE ON none 19___ AND THAT DEATH OCCURRED AT about 11:50 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): R. B. Sutes Coroner

23B. ADDRESS: Yuma, Ariz.

23C. DATE SIGNED: 2/2/50

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: Feby 6 1950

24C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona

25A. DATE REC'D BY LOCAL REG.: 2-4-50.

25B. REGISTRAR'S SIGNATURE: Mary A. Wuffermann

26. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary Box 310 by O C Johnson ADDRESS: Yuma, Ariz.

27. EMBALMER'S SIGNATURE: O C Johnson CERT. NO. I9A

FORM V-2 REV. 4-49 15M