

Dr. Layland

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2254 ✓

CERTIFICATE OF DEATH

REGISTRAR'S NO.

4

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY Yuma

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Somerton

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

2. USUAL RESIDENCE (WHERE DECEASED LIVED, INSTITUTION: RESIDENCE BEFORE ADMISSION).

A. STATE Arizona

B. COUNTY Yuma

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR TOWN) Somerton

D. STREET ADDRESS (IF RURAL, GIVE LOCATION) George St & 3rd Ave

3. NAME OF DECEASED

A. (FIRST) John

B. (MIDDLE) Tom

C. (LAST) Taylor

4. SEX male

5. COLOR OR RACE white

6. MARRIED NEVER MARRIED WIDDED DIVORCED

7. DATE OF BIRTH MONTH July DAY 9 YEAR 1869

8. AGE YEARS 80 MONTHS 2 DAYS 28

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

9B. KIND OF BUSINESS OR INDUSTRY farmer

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois

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)

13. SOCIAL SECURITY NO. no

14A. FATHER'S NAME J.J.L.W. Taylor

14B. BIRTHPLACE (STATE OR COUNTRY) Illinois

15A. MOTHER'S MAIDEN NAME Marinda Jane Tate

15B. BIRTHPLACE (STATE OR COUNTRY) Ill.

16. INFORMANT'S SIGNATURE Austin Taylor

ADDRESS Box 33 Somerton Ariz

17. DATE OF DEATH (MONTH) April (DAY) 7 (YEAR) 1950

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Congestive heart failure

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Atherosclerosis

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

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 4-8 1950 **TO** 4-7 1950 **THAT I LAST SAW THE DECEASED ALIVE ON** 4-7 1950 **AND THAT DEATH OCCURRED AT** 2:30 p **FROM THE CAUSES AND ON THE DATE STATED ABOVE.**

23A. SIGNATURE Dr. Layland

(DEGREE OR TITLE) MD

23B. ADDRESS Yuma, Ariz

23C. DATE SIGNED 4/11-50

24A. BURIAL CREMATION REMOVAL

24B. DATE 4/10/50

24C. NAME OF CEMETERY OR CREMATORY Yuma Cemetery

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

25A. BURIAL DATE REC'D BY LOCAL REG. 4/13/50

25B. REGISTRAR'S SIGNATURE CR. Cavanah

26. FUNERAL DIRECTOR'S SIGNATURE The Empress Mortuary by O. Johnson

27. EMBALMER'S SIGNATURE O. Johnson

ADDRESS Box 310 Yuma

CERT. NO. ISA