

CERTIFICATE OF DEATH

REGISTRAR'S NO.

136

BIRTH NO.

16217

15 OF DEATH 86 RESIDENCE 6	1. PLACE OF DEATH A. COUNTY Yuma			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION.) A. STATE Arizona B. COUNTY Yuma		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Yuma RURAL		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA life late		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL OR TOWN) Yuma RURAL	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) 189 22nd ave			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 189-22nd ave		
5 EDENT 2 SONAL ATA 210 0 950	3. NAME OF DECEASED A. (FIRST) Andy B. (MIDDLE) C. (LAST) Wilson			4. SEX male	5. COLOR OR RACE negro	
	6. MARRIED - - - - - NEVER MARRIED WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH Oct 15 1949		8. AGE YEARS 10 MONTHS 21	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). child	IF UNDER 24 HOURS HOURS MIN.
	9B. KIND OF BUSINESS OR INDUSTRY none	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	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) no	13. SOCIAL SECURITY NO. no	
14A. FATHER'S NAME James Wilson			14B. BIRTHPLACE (STATE OR COUNTRY) Miss.	15A. MOTHER'S MAIDEN NAME Mattie Curry		15B. BIRTHPLACE (STATE OR COUNTRY) Texas
16. INFORMANT'S SIGNATURE James Wilson			ADDRESS 189 22nd ave Yuma	17. DATE OF DEATH (MONTH) September (DAY) 6 (YEAR) 1950		
5837 CAUSE OF DEATH EM 18) 0	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) Severe malnutrition & dehydration	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Severe malnutrition & dehydration			INTERVAL BETWEEN ONSET AND DEATH 2 months	
	*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 CONTACTED.	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING 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. Rickets			8 months	
OPERATIONS, AUTOPSY 2	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) -			
DEATH DUE TO FATAL BLEND	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY -	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? -			
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4 Sept. 1950 TO 6 Sept. 1950 . THAT I LAST SAW THE DECEASED ALIVE ON 6 Sept. 1950 AND THAT DEATH OCCURRED 7:00 PM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
MEDICAL OFFICER'S CERTIFICATION	23A. SIGNATURE Phm F. Stanley, M.D.			23B. ADDRESS Yuma, Arizona		23C. DATE SIGNED 6 Sept. 50
	24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>	24B. DATE 9/7/50	24C. NAME OF CEMETERY OR CREMATORY Yuma Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma Arizona	
FUNERAL DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. 2 9.15.50	25B. REGISTRAR'S SIGNATURE Marie Nelson		26. FUNERAL DIRECTOR'S SIGNATURE The Johnson Mortuary		ADDRESS Box 310 Yuma
				27. BY BALMER'S SIGNATURE O. Johnson		CERT. NO. 19A