

Phillips

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2587

CERTIFICATE OF DEATH

REGISTRAR'S NO. 86

BIRTH NO. 15 15 OF DEATH AND 51 RESIDENCE 6	1. PLACE OF DEATH A. COUNTY Yuma		2. USUAL RESIDENCE A. STATE Arizona	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN Yuma RURAL)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)	
	D. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS	
	3. NAME OF DECEASED A. (FIRST) Louis B. (MIDDLE) Daily C. (LAST) Tevis		4. SEX male	
EDENT PERSONAL DATA 163	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR Jan. 18 1888	
	8. AGE YEARS MONTHS DAYS 63 3 12		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, IF RETIRED) Zanjero - Retired	
	9B. KIND OF BUSINESS OR INDUSTRY Zanjero		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) yes WWI	
151 Mrs Bertha Tevis	14A. FATHER'S NAME J.H. Tevis		14B. BIRTHPLACE (STATE OR COUNTRY) Missouri	
	15A. MOTHER'S MAIDEN NAME Ax Emma Boston		15B. BIRTHPLACE (STATE OR COUNTRY) Missouri	
	16. INFORMANT'S SIGNATURE Bertha Tevis		17. DATE OF DEATH (MONTH) 22th April (DAY) 30 (YEAR) 1951	
	ADDRESS 313 5th Ave Yuma Ariz			

CAUSE OF DEATH EM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (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		INTERVAL BETWEEN ONSET AND DEATH 1 yr. 5 yr. 10 yr.
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) _____		Cerebrin & aneuria		
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____		Faradrom Encephaloma. Chronic arten		
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					

OPERATIONS TOPSY 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.)		
DEATH DUE TO INTERNAL LENCE	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 Jan 1 1943 TO April 30 1951. THAT I LAST SAW THE DECEASED ALIVE ON April 15, 1951, AND THAT DEATH OCCURRED AT 1:00 A M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <i>Phillips</i>	23B. ADDRESS Yuma, Ariz.	23C. DATE SIGNED 5/2/51
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GENERAL DIRECTOR AND REGISTRAR	24A. BURIAL CREMATION REMOVAL <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	24B. DATE May 1 1951	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. 5-1-51	25B. REGISTRAR'S SIGNATURE Marie Nelson		26. FUNERAL DIRECTOR'S SIGNATURE by <i>O. Johnson</i> Box 310 Yuma Ariz. 27. EMBALMER'S SIGNATURE <i>O. Johnson</i> 19A

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