

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2595

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 74

1. PLACE OF DEATH

A. COUNTY

Yuma

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

A. STATE

Arizona

B. COUNTY Gila

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN Yuma, rural

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA
1 mo 68 yrs

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

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION 311 17th Place

D. STREET ADDRESS (IF RURAL, GIVE LOCATION) #30 Globe St

3. NAME OF DECEASED

A. (FIRST)

B. (MIDDLE)

C. (LAST)

4. SEX

5. COLOR OR RACE

(TYPE OR PRINT)

ANNA

ISABELLE

FISHER

Female

White

6. MARRIED - - - - -
NEVER MARRIED WIDOWED DIVORCED

7. DATE OF BIRTH
MONTH DAY YEAR
Jan 26 1877

8. AGE
YEARS MONTHS DAYS
74 2 19

IF UNDER 24 HOURS
HOURS MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY
Home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Utah

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
Francis Kerby

14B. BIRTHPLACE (STATE OR COUNTRY)
Scotland

15A. MOTHER'S MAIDEN NAME
Unknown

15B. BIRTHPLACE (STATE OR COUNTRY)
unk

16. INFORMANT'S SIGNATURE

B. B. Kyle

ADDRESS

311. 17th Pl. Yuma, Arizona

17. DATE OF DEATH

(MONTH) (DAY) (YEAR)
April 15 1951

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, ASTHMA, 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) Thrombosis (Medullary)

INTERVAL BETWEEN ONSET AND DEATH

2 mo

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b) Arteriosclerosis

6 yrs.

DUE TO (c)

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 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 NOT WHILE WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 4, 1951, TO April 15, 1951, THAT I LAST SAW THE DECEASED ALIVE ON April 15, 1951, AND THAT DEATH OCCURRED AT 12:42P FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

D. Kling

(DEGREE OR TITLE)

23B. ADDRESS

Yuma, Ariz

23C. DATE SIGNED

April 16, 51

24A. BURIAL CREMATION REMOVAL

24B. DATE
4-16-51

24C. NAME OF CEMETERY OR CREMATORY

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

25A. DATE REC'D BY LOCAL REG.

4-16-51

25B. REGISTRAR'S SIGNATURE

Marie Nelson

26. FUNERAL DIRECTOR'S SIGNATURE

The Jordan Mortuary
R E Johnson

ADDRESS
Box 310
Yuma, Arizona

27. EMBALMER'S SIGNATURE

R E Johnson

CERT. NO.

246A