

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

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1. PLACE OF DEATH A. COUNTY <u>Yuma</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Calif</u> B. COUNTY _____	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Nearduartpat Rural</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Long Beach - Calif</u>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>1 day</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1725 W-19th St</u>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION <u>U.S. 66</u>			

3. NAME OF DECEASED (TYPE OR PRINT) <u>Elmer Elmer Eric Kinney</u>			4. SEX <u>M</u>	5. COLOR OR RACE <u>White</u>
6. MARRIED NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>June</u> DAY <u>19th</u> YEAR <u>1904</u>	8. AGE YEARS <u>46</u> MONTHS <u>10</u> DAYS <u>11</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED). <u>Drillers Helper</u>	9B. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED).
9B. KIND OF BUSINESS OR INDUSTRY <u>Petroleum</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arkansas</u>	11. CITIZEN OF WHAT COUNTRY <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>	13. SOCIAL SECURITY NO. <u>443-01-3037</u>
14A. FATHER'S NAME <u>Henry McKinney</u>	14B. BIRTHPLACE (STATE OF COUNTRY) <u>Ark</u>	15A. MOTHER'S MAIDEN NAME <u>Lucy Crow</u>	15B. BIRTHPLACE (STATE OF COUNTRY) <u>Ark</u>	
16. INFORMANT'S SIGNATURE <u>Mrs Hazel McKinney</u>		17. DATE OF DEATH MONTH <u>April</u> DAY <u>30th</u> YEAR <u>1951</u>		

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Crushed Head &amp; Face</u>		<u>inst</u>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST.  DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: <u>Highway Accident</u>		

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) <u>Accident</u>	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Highway</u>	21C. (CITY OR TOWN) (COUNTY) (STATE) <u>Nearduartpat Yuma Ariz</u>
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>April 30 1951 6:45 A M</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>auto accident</u>

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM never 1951 TO April 30, 1951 THAT I LAST SAW THE DECEASED ALIVE ON April 30, 1951 AND THAT DEATH OCCURRED AT 1725 W-19th St FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE) <u>John A. Parsons Justice of Peace</u>	23B. ADDRESS <u>Salome Ariz -</u>	23C. DATE SIGNED <u>4-30-51</u>
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24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>4-30-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Johnson Mortuary</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Yuma - Ariz</u>
25A. DATE REC'D BY LOCAL REG. <u>4-30-51</u>	25B. REGISTRAR'S SIGNATURE <u>E. V. Haydis</u>	26. FUNERAL DIRECTOR'S SIGNATURE <u>The Johnson Mortuary</u>	27. EMBALMER'S SIGNATURE <u>R. E. Johnson</u>
		27. ADDRESS <u>Box 316 Yuma Ariz</u>	CERT. NO. <u>246A</u>

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