

Byrd

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4439

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 122

15 OF DEATH 86B 98 RESIDENCE 5	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) OR TOWN Yuma, rural		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA inst 35 yrs	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Avenue B near Forman's Store		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) none-Highway 80	

DECEDENT PERSONAL DATA 150 4 75	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) LAWRENCE B. (MIDDLE) CHESTER C. (LAST) SPAIN			4. SEX Male	5. COLOR OR RACE White	
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH Aug DAY 3 YEAR 1900		8. AGE YEARS 50 MONTHS 11 DAYS 4	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Flying Service operator	
	9B. KIND OF BUSINESS OR INDUSTRY Aircraft	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) yes WW2	13. SOCIAL SECURITY NO.	
	14A. FATHER'S NAME William Albert Spain	14B. BIRTHPLACE (STATE OR COUNTRY) Kentucky	15. MOTHER'S MAIDEN NAME Annie May Robinson		15B. BIRTHPLACE (STATE OR COUNTRY) Tenn.	

863X CAUSE OF DEATH TEM 18	16. INFORMANT'S SIGNATURE Madeline Spain		ADDRESS Wellton, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 7 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 CONTACTED.				
	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Multiple fractures and 3degree burns ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. Airplane crash DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				

RATIONS, JTOPY 2	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT (SPECIFY) Accident		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) rural farm		21C. (CITY OR TOWN) (COUNTY) (STATE) Yuma Yuma Arizona
DEATH UE TO TERNAL OLENCE 4	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY July 7 1951 6A M		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Dusting plane struck tree, crashed and burned

MEDICAL CORONER'S IFICATION 5	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM never ALIVE ON 19 AND THAT DEATH OCCURRED AT 6A M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE Connel E. Byrd		23B. ADDRESS YUMA - ARIZONA		23C. DATE SIGNED 7-9-1951

FUNERAL DIRECTOR AND REGISTRAR 2	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 7-10-51	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. 7-10-51		25B. REGISTRAR'S SIGNATURE Marie Nelson		26. FUNERAL DIRECTOR'S SIGNATURE The Johnson Mortuary 27. EMBALMER'S SIGNATURE R E Johnson	

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CERT. NO. 246A