

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6785

CERTIFICATE OF DEATH

REGISTRAR'S NO.

191

BIRTH NO. 15823

DEATH ID RESIDENCE	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 OR TOWN) Yuma, rural		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 1 mo 20 days		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN Yuma, rural			
	D. FULL NAME OF HOSPITAL OR INSTITUTION Yuma General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Rt. 3 Box 18			
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) LARRY B. (MIDDLE) C. (LAST) BROOM				4. SEX Male		5. COLOR OR RACE Negro	
ENT NAL RA 6 X 51	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR Sept 20 1951		8. AGE YEARS MONTHS DAYS 1 1 20		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE. EVEN IF RETIRED). infant	
	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	
	14A. FATHER'S NAME Mathew Broom		14B. BIRTHPLACE (STATE OR COUNTRY) Louisiana		15A. MOTHER'S MAIDEN NAME Bernice Hughes		15B. BIRTHPLACE (STATE OR COUNTRY) Louisiana	
	16. INFORMANT'S SIGNATURE Mathew Broom				ADDRESS Rt 3 Bpx 18, Yuma, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 10 1951	
ISE TH 18)	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 I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Congenital heart disease type undetermined</i> 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. <i>Broncho-pneumonia, bilateral</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 weeks</i> <i>10 days.</i>	
	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)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	
	21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK <input type="checkbox"/> <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
CAL OWNER'S ATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>20 Sept. 1951</i> TO <i>10 Nov. 51</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>10 Nov. 51</i> AND THAT DEATH OCCURRED AT <i>5:30A.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	23A. SIGNATURE (DEGREE OR TITLE) <i>John F. Stanley, M.D.</i>				23B. ADDRESS <i>Yuma, Arizona</i>		23C. DATE SIGNED <i>13 Nov. 51</i>	
RAL TOR D RAR	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>11-13-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Desert Lawn Memorial Park</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Yuma, Arizona</i>	
	25A. DATE REC'D BY LOCAL REG. <i>11-13-51</i>		25B. REGISTRAR'S SIGNATURE <i>Ethel Rees, Deputy</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>The Johnson Mortuary</i>		ADDRESS <i>Box 310 Yuma, Arizona</i>	
				27. EMBALMER'S SIGNATURE <i>R E Johnson</i>		CERT. NO. <i>246A</i>		