ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 47417

CERTIFICATE OF DEATH

REGISTRAR'S NO. 119

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Yuma
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Yuma Rural
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA: 3 mos | 3 mos
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Yuma General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: California
B. COUNTY: Los Angeles
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Los Angeles
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2401 W. Ninth Street

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) MAY B. (MIDDLE) C. (LAST) ASH

4. SEX: F

5. COLOR OR RACE: WHITE

6. MARRIED - - - - NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

7. DATE OF BIRTH: MONTH Feb. DAY 25 YEAR 1883

8. AGE: YEARS 70 MONTHS 4 DAYS 18

IF UNDER 24 HOURS: HOURS | MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY: Home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Pennsylvania

11. CITIZEN OF WHAT COUNTRY?: USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE)

13. SOCIAL SECURITY NO.: No

14A. FATHER'S NAME: Arthur G. Johnson

14B. BIRTHPLACE (STATE OR COUNTRY): Pennsylvania

15A. MOTHER'S MAIDEN NAME: Naoma A. Frankenburger

15B. BIRTHPLACE (STATE OR COUNTRY): Pennsylvania

16. INFORMANT'S SIGNATURE: R. E. Johnson, ADDRESS: Yuma, Arizona

17. DATE OF DEATH (MONTH) July (DAY) 13 (YEAR) 1953

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 331 X

+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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Unknown

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.

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 11, 1953 TO July 13, 1953 THAT I LAST SAW THE DECEASED ALIVE ON July 13, 1953 AND THAT DEATH OCCURRED AT 10:15 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE C. Howell M.D. (DEGREE OR TITLE)

23B. ADDRESS

23C. DATE SIGNED 7-13-53

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: July 16, 1953

24C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park

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

25A. DATE REC'D BY LOCAL REG.: July 23, 1953

25B. REGISTRAR'S SIGNATURE: Marie Nelson

26. FUNERAL DIRECTOR'S SIGNATURE: R E Johnson — The Johnson Mortuary, Inc. ADDRESS: P. O. Box 310 Yuma, Arizona

27. EMBALMER'S SIGNATURE: R E Johnson — CERT. NO. 246 A

FORM VS 2 REV. 20M