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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6584

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 40

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY IN THIS TOWN: 28yrs IN ARIZONA: 28yrs
C. CITY OR TOWN: Enroute to Ajo — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Enroute to Ajo from Mexico Boarder

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Ariz
B. COUNTY: Pima
C. CITY OR TOWN: Ajo — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Well Rd.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) B. (MIDDLE) C. (LAST): Marvin Elmer Broom
4. SEX: M
5. COLOR OR RACE: W
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH: MONTH 2 DAY 24 YEAR 1901
8. AGE (IN YEARS LAST BIRTHDAY): 53 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): County Road Foreman
9B. KIND OF BUSINESS OR INDUSTRY: County
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tex.
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): None — (IF YES, WAR OR DATES OF SERVICE): None
13. SOCIAL SECURITY NO.: 526-07 2095
14A. FATHER'S NAME: J.L. Broom
14B. BIRTHPLACE (STATE OR COUNTRY): Ark.
15A. MOTHER'S MAIDEN NAME: Martha Jane Willis
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Relatives — ADDRESS: Ajo, Ariz.
17. DATE OF DEATH (MONTH) (DAY) (YEAR): November 14, 1954

CAUSE OF DEATH (ITEM 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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) severe crushing injury to left chest, involving lung and spleen — INTERVAL BETWEEN ONSET AND DEATH: instantaneous

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) automobile accident
DUE TO (C)

11. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ (SPECIFY): Car Accident
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Highway
21C. (CITY OR TOWN) (COUNTY) (STATE): Sonoyta, Sonora, Mexico
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): Nov. 14, 1954 6:30 P.M.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Automobile Collision

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 14 Nov., 1954 TO 14 Nov., 1954, ~~THAT I LAST SAW THE DECEASED ALIVE ON~~ ~~, AND THAT DEATH OCCURRED AT~~ 6:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. ~~SIGNATURE~~ Chadly H. Myers, M.D. (DEGREE OR TITLE) Ex O Coroner
23B. ADDRESS: 621 Morondo Ajo, Arizona
23C. DATE SIGNED: Nov 16, 1954

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 11-16-54
24C. NAME OF CEMETERY OR CREMATORY: Ajo, Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Ajo, Arizona
25A. DATE REC'D BY LOCAL REG.: 11-18-54
25B. REGISTRAR'S SIGNATURE: Gloria Mota
26. FUNERAL DIRECTOR'S SIGNATURE: J. T. McCourt — ADDRESS: Ajo, Ariz.
27. EMBALMER'S SIGNATURE: J. T. McCourt — CERT. NO.: 250 A

FORM VS 2 REV. 4-15-52