

1401

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 4

5 DEATH 18 202 IDENCE 0	1. PLACE OF DEATH A. COUNTY <u>Yuma</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <u>Iowa</u> B. COUNTY <u>Warren</u>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Yuma, rural</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>New Virginia, rural</u>		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Yuma General Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Unne-rural</u>		
3. NAME OF DECEASED A. (FIRST) <u>Ray</u> B. (MIDDLE) <u>Lawrence</u> C. (LAST) <u>Sargent</u>		4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>		
NT 1 1 1 NAL A159 4 149	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>March</u> DAY <u>2</u> YEAR <u>1889</u>	8. AGE YEARS <u>59</u> MONTHS <u>10</u> DAYS <u>13</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Farmer</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Lacona, Iowa</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>
	14A. FATHER'S NAME <u>Elias Gess Sargent</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Iowa</u>	15A. MOTHER'S MAIDEN NAME <u>Mary Ellen Williams</u>	
16. INFORMANT'S SIGNATURE <u>Roland Sargent</u>		ADDRESS <u>New Virginia, Iowa</u>		17. DATE OF DEATH (MONTH) <u>January</u> (DAY) <u>15</u> (YEAR) <u>1949</u>	
SE 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) <u>fracture left leg, plus</u> <u>+ internal injuries</u> 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 CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>years</u>
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION <u>None</u>		
	21A. ACCIDENT SUICIDE HOMICIDE <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>Highway 80 Yuma Ariz</u>		
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>Jan 7 1949, 4:30 PM</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Passenger in car accident</u>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan 7</u> 19 <u>49</u> TO <u>Jan 15</u> 19 <u>49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Jan 15</u> 19 <u>49</u> . AND THAT DEATH OCCURRED AT <u>6:01 PM</u> FROM THE CAUSE AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE <u>J. Powell M.D.</u>		23B. ADDRESS <u>Yuma Arizona</u>		23C. DATE SIGNED <u>1/17/49</u>	
24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>1-17-49</u>		24C. NAME OF CEMETERY OR CREMATORY <u>removal to</u>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Osceola Iowa.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>The Johnson Mortuary.</u> ADDRESS <u>Yuma Ariz.</u>			

Edna L. Wupperman, Dir. A. G. Johnson