

7809

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 614

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 COUNTY Yuma STATE ARIZONA REGISTERED NO. 117
 TOWNSHIP _____ OR VILLAGE _____
 CITY Yuma NO. Yuma General Hospital ST. _____ WARD _____
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 5 YRS. 3 MOS. _____ DS. HOW LONG IN STATE WHEN DEATH OCCURRED 14 YRS. _____ MOS. _____ DS.
 2. FULL NAME John Jackson Connelly Bouse, Arizona
 (A) RESIDENCE: NO. _____ ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ WIFE OF Ester Connelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1858
 7. AGE YEARS 77 MONTHS 5 DAYS 17 IF LESS THAN 1 DAY, _____ HRS. _____ OR _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Service Station Operator
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____
 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 3/15/36 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Virginia
 13. NAME John Connelly
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Virginia
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

17. INFORMANT (ADDRESS) E. H. Connelly Bouse, Arizona
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bouse, Arizona DATE 6/15/36 19A _____

19. EMBALMER (SIGNATURE) E. Johnson LICENSE NO. 19A
 FUNERAL DIRECTOR (SIGNATURE) E. Johnson
 ADDRESS Bouse, Arizona

20. FILED 6/13 REGISTER (SIGNATURE) Mary H. Huppertz

MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13/36 19
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____ TO _____
 LAST SAW HIM ALIVE ON June 13, 1936 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 11:00A M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Thrombocytopenic purpura
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
None
 NAME OF OPERATION _____ DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____
 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____
 WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____
 MANNER OF INJURY _____
 NATURE OF INJURY _____
 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____
 IF SO, SPECIFY (SIGNATURE) M. D. (ADDRESS) Yuma, Arizona

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION