

2959

STANDARD CERTIFICATE OF DEATH Arizona State Board of Health BUREAU OF VITAL STATISTICS STATE FILE NO. 509

1. PLACE OF DEATH Yuma COUNTY Yuma TOWNSHIP Yuma CITY Yuma GENERAL HOSPITAL LENGTH OF RESIDENCE 47 YRS. FULL NAME Charley Winters (A) RESIDENCE: NO. Bouse Arizona

PERSONAL AND STATISTICAL PARTICULARS 3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sept 9 1875 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE 59 YEARS 7 MONTHS 9 DAYS 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. miner 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) 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION all 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Texas 13. NAME Worth Winters 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Texas 15. MAIDEN NAME Margaret Bowers 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Texas 17. INFORMANT (ADDRESS) John Bouse 18. FUNERAL, CREMATION, OR REMOVAL PLACE Bouse Arizona DATE 4/19 1935 19. EMBALMER (LICENSE NO.) T. E. Johnson (SIGNATURE) T. E. Johnson (ADDRESS) 20. FILED April 25 1935 Mary L. Stephenson REGISTRAR

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 18, 1935. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Apr. 16 1935 TO Apr. 18 1935. LAST SAW HIM ALIVE ON Apr. 18 1935. DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10:40 A.M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Cerebral Hemorrhage 23 Days Before. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Chronic Nephritis Long time. NAME OF OPERATION none DATE OF WHAT TEST Left hemiplegia WAS THERE AN AUTOPSY? no 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? NO. 25. SPECIFY (SIGNED) Harry A. Reese (ADDRESS) Pomerton, Ariz.

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.