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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 481
REGISTERED NO. 65

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
COUNTY Yuma STATE ARIZONA
TOWNSHIP Yuma OR VILLAGE _____
CITY Yuma NO. Yuma ST. Ben Harrison WARD 3
(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 _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Joseph James Cavanaugh IN STATE WHEN DEATH OCCURRED _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Bouse Ariz. ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Dora Cavanaugh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 19 1872</u>		
7. AGE YEARS <u>68</u> MONTHS <u>7</u> DAYS <u>26</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Prospector</u>		
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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Jows Hill California</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Paul Lipscomb Yuma Ben Harrison</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bouse Ariz.</u> DATE <u>Apr 15, 1940</u>		
19. EMBALMER (ADDRESS) LICENSE NO. <u>168A</u> SIGNATURE <u>Ray E Bower</u> FUNERAL DIRECTOR <u>Yuma Mortuary</u> ADDRESS <u>Yuma Ariz.</u>		
20. FILED <u>Apr. 15, 1940</u> BY <u>Mary C. McPherson</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 14, 1940
I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Apr 11 1940 TO Apr 14 1940
I LAST SAW HIM ALIVE ON Apr 14 1940 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ P.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS
Cerebral hemorrhage DATE OF ONSET 4/4/40

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
Arterio sclerosis

NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? NO

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALL 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 (IF SO, SPECIFY) _____
(SIGNED) W. C. Lamm M.D.
ADDRESS Yuma Ariz.

THIS CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION