

427

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3873

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 109

RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Yuma</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Yuma</u>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Yuma</u>		C. LENGTH OF STAY THIS PLACE (IF RURAL, GIVE LOCATION) <u>27 yr</u> <u>27 yr</u>		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) <u>1055 5th Avenue</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1055 5th avenue</u>		
DEATH	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Felix</u> B. (MIDDLE) _____ C. (LAST) <u>Compton</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>
	6. MARRIED (TYPE OR PRINT) <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		7. DATE OF BIRTH MONTH <u>Dec</u> DAY <u>19</u> YEAR <u>1893</u>		8. AGE YEARS <u>55</u> MONTHS <u>6</u> DAYS <u>14</u>
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Machinist-retired</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>		13. SOCIAL SECURITY NO. <u>none</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>SP RR Co.</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Tenn.</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>
	14A. FATHER'S NAME <u>Wm. Lee Compton</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Tenn.</u>		15A. MOTHER'S MAIDEN NAME <u>Sarah N. Trice</u>
INFORMANT	16. INFORMANT'S SIGNATURE <u>R. E. Johnson</u>		ADDRESS <u>Yuma, Arizona</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>July 3 1949</u>
	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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. <u>Hypertension</u> <u>Paraplegia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> <u>several years</u> <u>2 years</u>
OPERATION	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
INJURY	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1947</u> 19 <u>June 5</u> 19 <u>49</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>May 19 1949</u> AND THAT DEATH OCCURRED AT <u>A</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
CERTIFICATION	23A. SIGNATURE <u>R. E. Johnson</u>		23B. ADDRESS <u>272 Madison Avenue Yuma Az.</u>		23C. DATE SIGNED <u>7-4-49</u>
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>7-5-49</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Desert Lawn Mem. Park</u>
REGISTRATION	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Yuma, Arizona</u>		25A. DATE REC'D BY LOCAL REG. <u>7-4-49</u>		25B. REGISTRAR'S SIGNATURE <u>M.A. WUPPERMAN</u>
	26. FUNERAL DIRECTOR'S SIGNATURE <u>R. E. Johnson</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>R. E. Johnson</u>		ADDRESS <u>Yuma, Az</u> CERT. NO. <u>246A</u>