

STATE OF ARIZONA

Certified Copy of Vital Record

200

ARIZONA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____
Registrar's No. 76

1. Place of Death: (a) County Maricopa (b) City or Town Glendale (c) Location 25 so. 3rd st.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 29 years; In Arizona same
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Glendale
(If outside city limits also write RURAL)

(d) Street No. 25 south 3rd st. (e) Citizen of foreign country (Yes or No) no

3. (a) FULL NAME Henry Amzi Yancy (b) If Veteran name war none (c) Social Security No. none

4. Sex male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced married

6. (b) Name of husband or wife Zelulia 6. (c) Age of husband or wife, if alive 78 yrs.

7. Birthdate of deceased March 10, 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 3 If less than one day hrs. min.

9. Birthplace Livingston Co., Kentucky
(City, town or county) (State or Country)

10. Usual Occupation rancher

11. Industry or Business _____

Father { 12. Name John Yancy
13. Birthplace unknown, Alabama
(City, town or county) (State or Country)

Mother { 14. Maiden Name Elizabeth Driskill
15. Birthplace unknown, Kentucky
(City, town or county) (State or Country)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 13, 19 47
TIME (Hour and minute) 12 A.M.

21. I hereby certify that I attended the deceased from 11-4, 19 46 to 7-13, 19 47
that I last saw him alive on 7-11, 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension

Other conditions (Include pregnancy within three months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION
<u>5 days</u>
<u>20 yrs</u>

PHYSICIAN

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Mrs. Andy Mitchell
(b) Address Route 2, Box 170, Glendale

17. (a) Burial, Cremation or Removal Burial
(b) Place Glendale (c) Date 7/15, 19 47

18. (a) Embalmer's Signature G.L. Leonard
(b) Funeral Director G.L. Leonard
(c) Address 49 so. 2nd ave. Glendale

19. (a) 4-15-45
(Date received by Registrar)

(b) Anna J. Sheets, Deputy
(Registrar's Signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____

While at work? (a) Means of injury _____

23. Signature Philip E. Rice M. D.
Address PHILIP E. RICE, M. D. Date signed 7-14-47
GLENDALE, ARIZONA

STATE OF ARIZONA }
COUNTY OF MARICOPA } 55

DATE ISSUED

SEP 12 1988

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:



TED WILLIAMS, Director
Department of Health Services
State Registrar

Renee Gaudio
RENEE GAUDINO
Assistant State Registrar

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ARIZONA STATE DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS

STATE FILE NO.

2272

CERTIFICATE OF DEATH

REGISTRAR'S NO.

51

1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Glendale</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Glendale</u>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>3 yrs.</u> <u>31 yrs.</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>25 South 3rd Street</u>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>25 South 3rd Street</u>			
3. NAME OF DECEASED A. (FIRST) <u>Zelulia</u> B. (MIDDLE) <u>Evaline</u> C. (LAST) <u>Yancy</u>		4. SEX <u>Fe</u>	5. COLOR OR RACE <u>White</u>
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		7. DATE OF BIRTH MONTH <u>12</u> DAY <u>21</u> YEAR <u>70</u>	
8. AGE YEARS <u>80</u> MONTHS <u>3</u> DAYS <u>24</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Housewife</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>none</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Kentucky</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>	
13. SOCIAL SECURITY NO. <u>None</u>		14A. FATHER'S NAME <u>Selvester Jones</u>	
14B. BIRTHPLACE (STATE OR COUNTRY) <u>Kentucky</u>		15A. MOTHER'S MAIDEN NAME <u>Natchel Mitchell</u>	
15B. BIRTHPLACE (STATE OR COUNTRY) <u>Kentucky</u>		16. INFORMANT'S SIGNATURE <u>Mrs. Andy Mitchell California</u>	
17. DATE OF DEATH (MONTH) <u>April</u> (DAY) <u>15</u> (YEAR) <u>1951</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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. <input checked="" type="checkbox"/> PLACE DISEASE CONTRACTED.	
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis about 30 yrs</u>		INTERVAL BETWEEN ONSET AND DEATH	
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 CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
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)	
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>4-10-51</u> TO <u>April 15 1951</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>4-10-51</u> AND THAT DEATH OCCURRED <u>11 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u>Phyllis E. Rice M.D.</u>		23B. NAME AND ADDRESS <u>Phyllis E. Rice, M. D. Glendale, Arizona</u>	
23C. DATE SIGNED <u>4-16-51</u>		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	
24B. DATE <u>4-17-51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Glendale Memorial Park</u>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Glendale, Arizona</u>		25A. DATE REC'D BY LOCAL REG. <u>4-17-51</u>	
25B. REGISTRAR'S SIGNATURE <u>Etta Butler Deputy</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>G.L. Leonard 96A</u>	
27. EMBALMER'S SIGNATURE <u>Robert D. Lundberg</u>		CERT. NO. <u>332</u>	

FORM VS 2 REV. 8-30 20M

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