

9691

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item cannot be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certifi- as will be returned for correction.

PLACE OF DEATH

County of Yuma
District of Yuma
Town of Polaris
or
City of _____

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS 215

ORIGINAL CERTIFICATE OF DEATH

Ter. Index No. 465

County Registered No. 173

(If death occurs away from USUAL (No. _____ St., _____ Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Thomas Mendoza

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE
At Place of Death _____ yrs _____ mos.
In Arizona _____ yrs _____ mos.

SEX male COLOR OR RACE White Black Chinese Indian
Mexican

DATE OF BIRTH July 20 1889
(month) (day) (year)

AGE 21 years 4 months 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or foreign country) Yuma

OCCUPATION miner

NAME OF FATHER Joe Mendoza

BIRTHPLACE OF FATHER (State or foreign country)

MAIDEN NAME OF MOTHER Carmen Mendoza

BIRTHPLACE OF MOTHER (State or foreign county)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant) M. Bogue
(Address) Polaris Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 26 1910
(month) (day) (year)

I hereby certify, That I attended deceased from _____ 19__ to _____ 19__

that I last saw h. _____ alive on _____ 19__

and that death occurred on the date stated above at _____ M

The DISEASE or INIURY causing DEATH was as follows;

a fall down the slope of the mine. Immediate death

Where contracted _____ Duration _____

Contributing cause(if any) _____

Where contracted _____ Duration _____

(Signed) E. M. Barquist Graves M.D.
Address Polaris Ariz.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual residence _____ How long at Place of Death _____ Days

Place of burial or removal Kofa Arizona Date of burial or removal Nov. 27 1910

Undertaker _____ Address _____

Filed Nov. 27 1910 TRUE COPY

Filed 11/27 1910 Local Registrar