2128

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

454 State Index No.

County Registered No. 53

Local Registrar's No. 10

PLACE OF DEATH

County Yuma

District Yuma

Town

Or City Yuma

No. ..... St.

(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Jesus de Bedoya

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

Color or Race White Indian Black Chinese Mexican

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH Unknown (Month) (Day) (Year) 191..

AGE 53 yrs. ..... mos. ..... days

If less than 1 day, ... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed or (employer) .....

BIRTHPLACE (State or country) Mexico

PARENTS

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Mexico

MAIDEN NAME OF MOTHER Concepcion Barelos

BIRTHPLACE OF MOTHER (State or county) Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J A Ketchuside

(Address) Yuma

PLACE OF BURIAL OR REMOVAL Yuma

DATE OF BURIAL OR REMOVAL Oct 29 1912

UNDERTAKER C C Johnson

ADDRESS Yuma

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 25 (Day) 1912 (Year)

I hereby certify, that I attended deceased from Sept 15 1912 to Oct 25 1912; that I last saw him alive on Oct 24 1912 and that death occurred on the date stated above at 1 A.M. The DISEASE or INJURY causing Death was as follows: Chronic Nephritis

(Duration) 1 yrs. ..... mos. ..... days

Was disease contracted in Arizona? Yes

If not, where? .....

CONTRIBUTORY .....

(Duration) ..... yrs. ..... mos. ..... days

(Signed) J A Ketchuside

Oct 29 1912 (Address) Yuma

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death ..... yrs. ..... mos. ..... ds. In Arizona ..... yrs. ..... mos. ..... ds.

Former or Usual Residence .....

Filed 11/3 1912 Thos J Pugh, M.D. Local Registrar

Filed 11/4 1912 E B Ketchuside County Registrar

AGE should be [illegible] EXACTLY. PHYSICIANS [illegible] state CAUSE OF DEATH [illegible] terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.