

2383

WRITE PLAINLY, WITH UNFADING INK. THIS IS A ...  
FILL OUT ALL BLANKS.  
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain 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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

State Index No. **651**

**ORIGINAL CERTIFICATE OF DEATH**

County Yuma County Registered No. 38  
 District Yuma Local Registrar's No. 27  
 Town Yuma  
 Or City Yuma

No. Prison Hill St. \_\_\_\_\_  
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Mercedes Delgado

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
Sex <u>Female</u>	Color or Race <u>Mexican</u>	SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	DATE OF DEATH <u>Feb 25</u> 191 <u>6</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>October 30</u> 191 <u>3</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Feb 24</u> 191 <u>6</u> to <u>Feb 25</u> 191 <u>6</u> ; that I last saw her alive on <u>Feb 24</u> 191 <u>6</u> , and that death occurred on the date stated above at <u>1:30 p.m.</u> The DISEASE or INJURY causing death was as follows: <u>Broncho pneumonia - sequel to Measles</u> (Duration) - yrs. - mos. <u>5</u> days		
AGE <u>1</u> yrs. <u>3</u> mos. <u>20</u> days If less than 1 day hrs. or min.			Was disease contracted in Arizona? <u>No.</u> If not where? <u>Calixco, Cal.</u>		
OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed or (employer) _____			CONTRIBUTORY (Duration) - yrs. - mos. - days _____		
BIRTHPLACE (State or country) <u>Calixco, Cal.</u>			(Signed) <u>Frederic A. Johnson</u> <u>2/26/1916</u> (Address) <u>Yuma, Ariz.</u>		
PARENTS	NAME OF FATHER <u>José Delgado</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
	BIRTHPLACE OF FATHER (State or country) <u>Yuma, Ariz.</u>		LENGTH OF RESIDENCE At place of death... yrs. ... mos. ... ds. In Arizona... yrs. ... mos. ... ds.		
	MAIDEN NAME OF MOTHER <u>Conception Coy</u>		Former or Usual Residence _____		
BIRTHPLACE OF MOTHER (State or country) <u>Arizona</u>			Filed <u>2/26</u> 191 <u>6</u> <u>Hevopperman</u> Local Registrar		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Frank A. Delgado</u>			Filed <u>3/7</u> 191 <u>6</u> <u>C. E. Rooney M.D.</u> County Registrar		
(Address) <u>160 1/2 1st St Yuma</u>					
PLACE OF BURIAL OR REMOVAL <u>Yuma Cemetery</u>		DATE OF BURIAL OR REMOVAL <u>2/27</u> 191 <u>6</u>			
UNDERTAKER <u>A. Johnson</u>		ADDRESS <u>Yuma Ariz</u>			