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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 334

County Registered No.

Local Registrar's No. 53

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Yuma

District Yuma

Town Or City Yuma

No. 216 3rd St. St.

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

FULL NAME Alfredo Perez

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

Color or Race: White, Indian, Black, Chinese, Mexican

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH Feb 4 (Month) (Day) 1911 (Year)

AGE 5 yrs. 2 mos. 14 days

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

OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Yuma

PARENTS

NAME OF FATHER Juan Perez

BIRTHPLACE OF FATHER (State or country) Yuma

MAIDEN NAME OF MOTHER Eutimia Gonzalez

BIRTHPLACE OF MOTHER (State or country) Yuma

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J A Ketchersid

(Address) Yuma

PLACE OF BURIAL OR REMOVAL Yuma Cemetery

DATE OF BURIAL OR REMOVAL April 19 1916

UNDERTAKER Juan Perez

ADDRESS Yuma Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1916 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Mch 1 1916 to Apr 18 1916; that I last saw him alive on Apr 18 1916, and that death occurred on the date stated above at 11:30 M. The DISEASE or INJURY causing death was as follows: Pulmonary Tuberculosis

(Duration) ..... yrs. 2 mos. ..... days

Was disease contracted in Arizona? yes

If not, where? 2

CONTRIBUTORY Measles

(Duration) ..... yrs. 2 mos. 10 days

(Signed) J A Ketchersid

4-18 1916 (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 4/18 1916 H. Wupperman Deputy Local Registrar

Filed May 5 1916 C. E. Rooney M.D. County Registrar

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.