1723

881

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. ~~1212~~

County Registered No. 87

Local Registrar's No. 84

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Yuma

District Yuma

Town Or City Yuma

No. Yuma Hospital St.

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

FULL NAME Still born of Jesus Marquez

PERSONAL AND STATISTICAL PARTICULARS

SEX male

Color or Race ~~White~~ ~~Indian~~ ~~Black~~ ~~Chinese~~ Mexican

SINGLE ~~MARRIED~~ ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH 6 (Month) 13 (Day) 1917 (Year)

AGE ____ yrs ____ mos ____ days If less than 1 day ____ hrs., or 2 min.

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

BIRTHPLACE (State or country) Yuma Ariz

PARENTS

NAME OF FATHER Jesus Marquez

BIRTHPLACE OF FATHER (State or Country) Mexico

MAIDEN NAME OF MOTHER Francisca Barbosa

BIRTHPLACE OF MOTHER (State or Country) Mexico

The Above Is True to the Best of My Knowledge

(Informant) C. Johnson

(Address) Yuma Ariz.

PLACE OF BURIAL OR REMOVAL Yuma Cemetery

DATE OF BURIAL OR REMOVAL 6/13 1917

UNDERTAKER C. Johnson

ADDRESS Yuma Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 13 (Day) 1917 (Year)

I hereby certify, that I attended deceased from June 13 1917 to June 13 1917; that I last saw him alive on June 13 1917, and that death occurred on the date stated above at 3 M. The DISEASE or INJURY causing Death was as follows:

Premature Birth

(Duration) ____ yrs ____ mos ____ days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) ____ yrs ____ mos ____ days

(Signed) J. A. Kitchen

6-13 1917 (Address) Yuma

*In death 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 6/13 1917 H. Wupperman Deputy Local Registrar

Filed 7/7 1917 Dr. E. Rooney 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.