

165

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Yuma

BUREAU OF VITAL STATISTICS

State Index No. 158

District Mareuni

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 158

Town Mareuni

Local Registrar's No. 86

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

FULL NAME Juan Aguirre

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

Male Color or Race: White Indian Black Chinese Mexican SINGLE MARRIED WIDOWED or DIVORCED

DATE OF DEATH June 10 1918
(Month) (Day) (Year)

DATE OF BIRTH _____ 191____
(Month) (Day) (Year)

I hereby certify, that I attended deceased from 5/20 1918 to 6/10 1918; that I last saw him alive on 6/9 1918, and that death occurred on the date stated above at 6 A.M. The DISEASE or INJURY causing death was as follows: whooping cough

AGE 1 yrs 2 mos 2 days If less than 1 day _____ hrs., or _____ 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) Mareuni

(Duration) _____ yrs _____ mos _____ days

NAME OF FATHER Armando Aguirre

Was disease contracted in Arizona? Yes

BIRTHPLACE OF FATHER (State or country) Mexico

If not, where _____

MAIDEN NAME OF MOTHER Medeja

CONTRIBUTORY (Duration) _____ yrs _____ mos 6 days

BIRTHPLACE OF MOTHER (State or country) Mexico

(Signed) [Signature] (Address) Mareuni

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) _____

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

(Address) _____

Former or Usual Residence _____

PLACE OF BURIAL OR REMOVAL My Country DATE OF BURIAL OR REMOVAL June 11 1918

Filed June 11 1918 [Signature] Local Registrar

UNDERTAKER _____ ADDRESS _____

Filed June 11 1918 _____ 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.