

2581

FILL OUT ALL BLANKS. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it 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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Yuma  
District Yuma  
Town Yuma  
Or City Yuma

BUREAU OF VITAL STATISTICS

State Index No. 1051

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 201

Local Registrar's No. 192

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

FULL NAME

Jose Augustin Belgado

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male Color or Race White SINGLE Single  
Black Indian MARRIED  
Mexican Chinese WIDOWED  
or DIVORCED

DATE OF DEATH Oct 9th 8.  
(Month) (Day) (Year)

DATE OF BIRTH April 11 1917  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Oct 6  
1918 to Oct 9 1918; that I last saw him alive  
on Oct 9 1918, and that death occurred on the date  
stated above at 12:45 PM. The DISEASE or INJURY causing  
Death was as follows: Santa enteritis

AGE 1 yrs 4 mos 27 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) Yuma Ariz.

NAME OF FATHER Jose A. Belgado

BIRTHPLACE OF FATHER (State or country) Yuma Ariz.

MAIDEN NAME OF MOTHER Concepcion

BIRTHPLACE OF MOTHER (State or country) Yuma Ariz.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) W. Johnson

(Address) Yuma Ariz.

PLACE OF BURIAL OR REMOVAL Yuma Cemetery DATE OF BURIAL OR REMOVAL 10/10 1918

UNDERTAKER W. Johnson ADDRESS Yuma Ariz.

Death was as follows: Santa enteritis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

Was disease contracted in Arizona? Yes  
If not, where? \_\_\_\_\_

CONTRIBUTORY \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) J. J. [Signature]  
1918 (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 Oct 10th 1918 May [Signature]

Filed 11/10 1918 Dr. C. E. Rooney  
Local Registrar  
County Registrar