

2633

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Yuma

BUREAU OF VITAL STATISTICS

State Index No. 237

District Yuma

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 237

Town Yuma

Local Registrar's No. 230

Or City Yuma

No. _____ St. _____

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

FULL NAME Albino Lumber Ayala

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White Indian SINGLE MARRIED WIDOWED or DIVORCED

DATE OF DEATH Oct 29 1918
(Month) (Day) (Year)

DATE OF BIRTH Aug 15 1914
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Oct 28 1918 to Oct 29 1918; that I last saw him alive on Oct 28 1918, and that death occurred on the date stated above at 19 M. The DISEASE or INJURY causing Death was as follows:

AGE 34 yrs. 2 mos. _____ days _____ hrs., or _____ min. If less than 1 day

Pneumonia

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

(Duration) _____ yrs. _____ mos. 3 days

BIRTHPLACE (State or country) San Diego, Calif

Was disease contracted in Arizona? yes

NAME OF FATHER Albino Lumber

If not, where? _____

BIRTHPLACE OF FATHER (State or Country) San Diego, Calif

CONTRIBUTORY Influenza
(Duration) _____ yrs. _____ mos. _____ days

MAIDEN NAME OF MOTHER Guadalupe Lumber

(Signed) J. A. Ketchum
10 Oct 28 1918 (Address) Yuma, Ariz.

BIRTHPLACE OF MOTHER (State or Country) San Diego, Calif

*In death from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

The Above Is True to the Best of My Knowledge (Informant) Salome Lumber
(Address) Yuma Ariz

LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona 7 yrs. _____ mos. _____ ds. Former or Usual Residence _____

PLACE OF BURIAL OR REMOVAL Yuma Cemetery DATE OF BURIAL OR REMOVAL 10/30 1918

Filed Oct 30 1918 J. A. Ketchum Local Registrar

UNDERTAKER Johnson ADDRESS Yuma Ariz.

Filed 11/10 1918 Dr. C. 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.