906

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 326

County Registered No. 774

Local Registrar's No. 274

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Yuma

District Town Or City Yuma

No. 470 main st St.

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

FULL NAME Jose Maria Carrillo

PERSONAL AND STATISTICAL PARTICULARS

SEX male

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

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

DATE OF BIRTH nov 5 1916 (Month) (Day) (Year)

AGE 2 yrs mos 3 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) Carlsbad N. M.

PARENTS

NAME OF FATHER Jose R. Carrillo

BIRTHPLACE OF FATHER (State or Country) mexico

MAIDEN NAME OF MOTHER Eloisa M. Herrera

BIRTHPLACE OF MOTHER (State or Country) mexico

The Above Is True to the Best of My Knowledge

(Informant) C. S. Johnson

(Address) Yuma Ariz.

PLACE OF BURIAL OR REMOVAL Yuma Cemetery

DATE OF BURIAL OR REMOVAL 11/9 1918

UNDERTAKER C. S. Johnson

ADDRESS Yuma Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH nov 8 1918 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 11-6 1918 to 11-8 1918; that I last saw him alive on 11-8 1918, and that death occurred on the date stated above at 6 P.M. The DISEASE or INJURY causing Death was as follows: Pneumonia

(Duration) yrs mos 3 days

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY Influenza

(Duration) yrs mos days

(Signed) J. A. Kitchenside

11-8 1918 (Address) Yuma Ariz.

*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 Nov. 9, 1918. Mary A. Huffenman Local Registrar

Filed Dec 10 1918 C. E. Roony County Registrar

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

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.