4741

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 792

County Registered No. 343

Local Registrar's No. 336

ORIGINAL CERTIFICATE OF DEATH

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.

PLACE OF DEATH

County Yuma

District

Town Or City Yuma

No. 408 First St St.

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

FULL NAME Elasario Higuera

PERSONAL AND STATISTICAL PARTICULARS

SEX male

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

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

DATE OF BIRTH August 5 1918 (Month) (Day) (Year)

AGE 4 yrs 9 mos 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.

PARENTS

NAME OF FATHER Frank Higuera

BIRTHPLACE OF FATHER (State or Country) Yuma Ariz

MAIDEN NAME OF MOTHER Beatrice Ruiz

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 1/15 1918

UNDERTAKER C. Johnson

ADDRESS Yuma Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1918 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 11-12 1918 to 11-14 1918; that I last saw h alive on 11-14 1918, and that death occurred on the date stated above at 7:00 P.M. The DISEASE or INJURY causing Death was as follows: Enteric Entritis

(Duration) yrs mos days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) yrs mos days

(Signed) [illegible]

11-15 1918 (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 Dec. 16, 1918 [illegible] Local Registrar

Filed 1/10 1919 A. [illegible] County Registrar