[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 531

County Registered No.

Local Registrar's No. 68

PLACE OF DEATH

County Yuma

District Yuma

Town Or City Yuma

No. 554 Maiden Lane St.

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

FULL NAME Luis Mejia

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.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

Color or Race: White ✓ Indian ✓ Black ✓ Chinese ✓ Mexican ✓

SINGLE ✓ MARRIED ✓ WIDOWED ✓ or DIVORCED ✓

DATE OF BIRTH: Feb 3 1919 (Month) (Day) (Year)

AGE: yrs. 1 mos. 21 days. If less than 1 day hrs. or min.

OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed or (employer):

BIRTHPLACE (State or country): Yuma Ariz

PARENTS

NAME OF FATHER: Jose Mejia

BIRTHPLACE OF FATHER (State or Country): Orangeside Cal

MAIDEN NAME OF MOTHER: Manuela Armenta

BIRTHPLACE OF MOTHER (State or Country): Yuma Ariz

The Above Is True to the Best of My Knowledge

(Informant) J. A. Kitchenside

(Address) Yuma Ariz

PLACE OF BURIAL OR REMOVAL: Yuma Cemetery

DATE OF BURIAL OR REMOVAL: 2/25 1919

UNDERTAKER: O. Johnson

ADDRESS: Yuma Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24 1919 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Feb 3 1919 to March 24 1919; that I last saw him alive on March 24 1919, and that death occurred on the date stated above at 10 P.M. The DISEASE or INJURY causing Death was as follows:

Inanition

(Duration) yrs. 1 mos. 21 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY Mal nutrition

(Duration) yrs. 1 mos. 21 days

(Signed) J. A. Kitchenside M.D.

(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. 1 mos. 21 ds. In Arizona yrs. 1 mos. 21 ds.

Former or Usual Residence

Filed Mar 25 1919 Mary A. Huffman Local Registrar

Filed 191 County Registrar