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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 534

County Registered No.

Local Registrar's No. 72

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Yuma

District Town Or City Yuma

No. 1st St. St.

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

FULL NAME David Alcala.

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 male

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

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

DATE OF BIRTH Dec 30 1918 (Month) (Day) (Year)

AGE 2 yrs 96 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 Santa Ana Alcala

BIRTHPLACE OF FATHER (State or Country) Mexico

MAIDEN NAME OF MOTHER Catalina Perez

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 3/27 1919

UNDERTAKER C. Johnson

ADDRESS Yuma Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1919. (Month) (Day) (Year)

I hereby certify, that I attended deceased from 191 to 191; that I last saw h alive on 191, and that death occurred on the date stated above at 12:00 M. The DISEASE or INJURY causing Death was as follows: Stomach trouble

(Duration) yrs mos days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) yrs mos days

(Signed) Chas. M. Smith. J.P.

3/27 1919. (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 3/27 1919 H. Wuppermann Deputy Local Registrar

Filed 191 County Registrar