1919

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 137
County Registered No.
Local Registrar's No. 109

PLACE OF DEATH
County Yuma
District
Town
Or City Yuma

No. St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Francisco Aguilar

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

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

DATE OF BIRTH: Jan 11 1919 (Month) (Day) (Year)

AGE: 3 yrs 29 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

PARENTS
NAME OF FATHER Frank Aguilar
BIRTHPLACE OF FATHER (State or Country) Mexico
MAIDEN NAME OF MOTHER Rita Fimbres
BIRTHPLACE OF MOTHER (State or Country) Prescott Ariz

The Above Is True to the Best of My Knowledge
(Informant) O E Johnson
(Address) Yuma Ariz.

PLACE OF BURIAL OR REMOVAL: Yuma Cemetery
DATE OF BURIAL OR REMOVAL: 5/12 1919
UNDERTAKER: O E Johnson
ADDRESS: Yuma Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 10 1919 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Apr 14 1919 to May 10 1919; that I last saw him alive on May 4 1919, and that death occurred on the date stated above at 6:00 P.M. The DISEASE or INJURY causing Death was as follows: Gastro Enteritis

(Duration) yrs mos 26 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

(Duration) yrs mos days

(Signed) Chas H Grigsdall M.D.

May 12 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 5/12 1919 H C Wuppermann
Deputy Local Registrar

Filed 6-10 1919 O E Rooney
County Registrar