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R. A. WATKINS PRINTING CO., PHOENIX

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 342
County Registered No. 183
Local Registrar's No. 179

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 Victoriano Palomar

PERSONAL AND STATISTICAL PARTICULARS		
SEX: Male	Color or Race: ~~White~~ ~~Indian~~ ~~Black~~ ~~Chinese~~ Mexican	SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH Aug 8 1919 (Month) (Day) (Year)

AGE 35 yrs. 2 mos 18 days — If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work Teamster
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Yuma Ariz

PARENTS
NAME OF FATHER Victoriano Palomar
BIRTHPLACE OF FATHER (State or country) Mexico
MAIDEN NAME OF MOTHER Refugio Sara
BIRTHPLACE OF MOTHER (State or country) Mexico

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

PLACE OF BURIAL OR REMOVAL Yuma Cemetery
DATE OF BURIAL OR REMOVAL 10-28 1919
UNDERTAKER O. Johnson
ADDRESS Yuma Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26, 1919 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Oct 15th 1919 to Oct 26 1919; that I last saw him alive on Oct 25, 1919, and that death occurred on the date stated above at 9 A.M. The DISEASE or INJURY causing Death was as follows: Pulmonary Tuberculosis

(Duration) ..... yrs. 10 mos. ..... days

Was disease contracted in Arizona? yes
If not, where?

CONTRIBUTORY Influenza
(Duration) ..... yrs. ..... mos. ..... days

(Signed) Chas H Friesdall M.D.
Oct 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 Oct 30 1919 Mary A. Huppenmayer
Local Registrar.

Filed 11/10 1919 O. E. Rooney
County Registrar.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICANS 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.