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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 686

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3

1. PLACE OF DEATH

A. COUNTY: Yuma

B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Yuma Rural

C. LENGTH OF STAY IN THIS PLACE: 64 yrs; IN ARIZONA: 64 yrs

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Yuma Gen Hosp

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).

A. STATE: Arizona

B. COUNTY: Yuma

C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Yuma

D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 11th St and 2nd Ave

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) FRANKroa B. (MIDDLE) P. C. (LAST) FIGUEROA

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED: ☐

7. DATE OF BIRTH: MONTH Dec. DAY 3 YEAR 1887

8. AGE: YEARS 64 MONTHS 1 DAYS

IF UNDER 24 HOURS: HOURS MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Gardner

9B. KIND OF BUSINESS OR INDUSTRY: Gardening

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona

11. CITIZEN OF WHAT COUNTRY? USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no (IF YES, WAR OR DATES OF SERVICE)

13. SOCIAL SECURITY NO. 526-16-6719

14A. FATHER'S NAME: Leandro Figueroa

14B. BIRTHPLACE (STATE OR COUNTRY): Arizona

15A. MOTHER'S MAIDEN NAME: Trinidad Parra

15B. BIRTHPLACE (STATE OR COUNTRY): Arizona

16. INFORMANT'S SIGNATURE: Teresa Lara — ADDRESS: Yuma 475 - 15th Ave Ariz.

17. DATE OF DEATH (MONTH) January (DAY) 3 (YEAR) 1952

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

†THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH† (a): Chronic Pul T B — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b): None

DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 1 1952 TO Jan 3 1952 THAT I LAST SAW THE DECEASED ALIVE ON Jan 3 1952 AND THAT DEATH OCCURRED AT 5:45 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: W. C. Cam (DEGREE OR TITLE) MD — 23B. ADDRESS: 168 2nd St Yuma Ariz — 23C. DATE SIGNED: 1-5-52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: 1 5 52

24C. NAME OF CEMETERY OR CREMATORY: Yuma Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona

25A. DATE REC'D BY LOCAL REG.: 1-5-52

25B. REGISTRAR'S SIGNATURE: Marie Nelson

26. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary by R E Johnson — ADDRESS: Box 310 Yuma Ariz

27. EMBALMER'S SIGNATURE: R E Johnson — CERT. NO. 246A

FORM VS 2 REV. 3-50 15M

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