

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

15 96  
19 AND 00  
AL RESIDENCE  
0

BIRTH NO. 13022

1. PLACE OF DEATH  
A. COUNTY Yuma  
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Yuma, rural  
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 2 days 2 days  
D. FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION), INSTITUTION on Desert 15 Mi South of Yuma

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).  
A. STATE Mexico  
B. COUNTY Guysamopa, Sonora  
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL).  
D. STREET ADDRESS none-rural (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (LAST, (MIDDLE), (FIRST))  
RICARDO AGUAYO

4. SEX Male

5. COLOR OR RACE White

6. MARRIED  NEVER MARRIED  DIVORCED  WIDOWED

7. DATE OF BIRTH  
MONTH Sept DAY 17 YEAR 1931

8. AGE  
YEARS 20 MONTHS 9 DAYS 2

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

9B. KIND OF BUSI-NESS OR INDUSTRY Farm

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico

11. CITIZEN OF WHAT COUNTRY?  Mexico

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

13. SOCIAL SECURITY NO. no

14A. FATHER'S NAME Arthur E. Aguayo

14B. BIRTHPLACE (STATE OR COUNTRY) Mexico

15A. MOTHER'S MAIDEN NAME Dolores Lino

15B. BIRTHPLACE (STATE OR COUNTRY) Mexico

16. INFORMANT'S SIGNATURE  
A. E. Aguayo

17. DATE OF DEATH (DAY, (MONTH), (YEAR))  
19 1952

18. CAUSE OF DEATH  
ENTER ONLY ONE CAUSE PER LINE (a), (b).  
(c) 7378

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH\* (a) Dehydration

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.  
Lost on desert without water

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

19C. (CITY OR TOWN) Yuma (COUNTY) Yuma (STATE) Arizona

20. AUTOPSY? YES  NO

21A. ACCIDENT (SPECIFY) Accident

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

21C. HOW DID INJURY OCCUR? lost on desert without water

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) June 19 1952 11P

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

21F. HOW DID INJURY OCCUR? lost on desert without water

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 19 TO 19 THAT I LAST SAW THE DECEASED ALIVE ON 19 AND THAT DEATH OCCURRED 11P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (IDEN. OR TITLE)  
Kennel C. Byrd

23B. ADDRESS Yuma - Arizona

23C. DATE SIGNED 6-20-52

24A. BURIAL CREMATION REMOVAL  6-20-52

24B. DATE 6-20-52

24C. NAME OF CEMETERY OR CREMATORY Yuma Cemetery

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

25A. DATE REC'D BY LOCAL REG. 6-20-52

25B. REGISTRAR'S SIGNATURE Maie Nelson

26. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS  
The Johnson Mortuary, Inc. Box 310

27. EMBALMER'S SIGNATURE AND ADDRESS  
R. E. Johnson Yuma, Arizona

28. ADDRESS 246A