

367

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 359

County Yuma
District Yuma
Town Yuma
Or City Yuma

County Registered No. 196
Local Registrar's No. 170

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME August Ayala

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

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White SINGLE MARRIED
Black Indian WIDOWED
Mexican Chinese or DIVORCED

DATE OF DEATH Nov 11 1919
(Month) (Day) (Year)

DATE OF BIRTH _____ 191____
(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 5:00 P.M. The DISEASE or INJURY causing

AGE 50 yrs. _____ mos. _____ days _____ hrs. or _____ min.

Death was as follows:
Pulmonary Tuberculosis
(Duration) _____ yrs. _____ mos. _____ days

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

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

BIRTHPLACE (State or country) Mexico

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

NAME OF FATHER Wahman

(Signed) Chas. M. Smith, J.P.
4/12 1919 (Address) Yuma Ariz

BIRTHPLACE OF FATHER (State or country) _____

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

MAIDEN NAME OF MOTHER _____

LENGTH OF RESIDENCE

BIRTHPLACE OF MOTHER (State or country) _____

At place of death...yrs...mos...ds. In Arizona...yrs...mos...ds.
Former or Usual Residence _____

The Above is True to the Best of My Knowledge

At place of death...yrs...mos...ds. In Arizona...yrs...mos...ds.
Former or Usual Residence _____

(Informant) August Ayala

Filed Nov 13 1919 Frank H. Hoffman
Local Registrar.

(Address) Yuma Ariz

Filed 11/12 1919 W. E. Edwards
County Registrar.

PLACE OF BURIAL OR REMOVAL Yuma Cemetery DATE OF BURIAL OR REMOVAL 11/12 1919

UNDERTAKER W. E. Edwards ADDRESS Yuma Ariz