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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.

R. A. WATKINS PRINTING CO., PHOENIX

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

State Index No. 573  
County Registered No. 70  
Local Registrar's No. 67

**ORIGINAL CERTIFICATE OF DEATH**

No. 7th ave  
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH  
County Yuma  
District Yuma  
Town Or City Yuma

**FULL NAME** Enrique Alcala

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PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race <u>White</u> Indian <del>Black</del> Chinese Mexican	SINGLE <del>MARRIED</del> <del>WIDOWED</del> <del>DIVORCED</del>	DATE OF DEATH <u>March 17, 1920</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Dec 24, 1913</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>March 11, 1920</u> to <u>March 14, 1920</u> ; that I last saw him alive on <u>March 14, 1920</u> , and that death occurred on the date stated above at <u>11:00 A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Broncho Pneumonia ad lobes both lungs.</u>	
AGE <u>6</u> yrs. <u>2</u> mos. <u>23</u> 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)			Was disease contracted in Arizona? <u>yes</u> If not, where?	
BIRTHPLACE (State or country) <u>Yuma Calif</u>			CONTRIBUTORY (Duration) yrs. mos. ds. days	
NAME OF FATHER <u>Francisco Alcala</u>			(Signed) <u>San Juan</u> <u>3-17-1920</u> (Address) <u>Yuma - Ariz.</u>	
BIRTHPLACE OF FATHER <u>Mexico</u>			*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
MAIDEN NAME OF MOTHER <u>Guadalupe Casais</u>				
BIRTHPLACE OF MOTHER <u>Mexico</u>			LENGTH OF RESIDENCE 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 (Informant) (Address)				
PLACE OF BURIAL OR REMOVAL <u>Yuma Cemetery</u>		DATE OF BURIAL OR REMOVAL <u>3-18-20</u>		
UNDERTAKER <u>Johnson</u>		ADDRESS <u>Yuma Ariz</u>		

Filed March 17, 1920 John A. Wappan Local Registrar.  
Filed 6 1920 W. C. ... County Registrar.