3023

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 cannot be obtained, insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State Index No. 402

County Registrar No. 95

Local Registrar's No. 89

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 Albert Baiza

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR OR RACE: ~~White~~ ~~Indian~~ ~~Black~~ Chinese Mexican

SINGLE ~~MARRIED~~ ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH: 3/21 (Month) (Day) (Year)

AGE: 1 yrs. 2 mos. 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) 25

BIRTHPLACE (State or country) Ariz.

PARENTS

NAME OF FATHER Jesus Baiza

BIRTHPLACE OF FATHER (State or country) Mexico

MAIDEN NAME OF MOTHER Guadalupe Espino

BIRTHPLACE OF MOTHER (State or country) Mexico

The above is true to the best of my knowledge.

(Informant) O. E. Johnson

(Address) Yuma Ariz.

Place of Burial or Removal	Date of Burial or Removal
Yuma Cemetery	5-26- 1921
Undertaker	Address
O. E. Johnson	Yuma Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 5/22, 21 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 4/15 1921, to May 18, 1921; that I last saw him alive on May 22, 1921, and that death occurred on the date stated above at 7 P.M. The DISEASE or INJURY causing death was as follows:

Acute dysentery

(Duration) yrs. 3 mos. days —

Was disease contracted in Arizona? yrs.

If not, where?

CONTRIBUTORY Mal nutrition

(Duration) yrs. mos. days

(Signed) C. E. Rooney, M. D.

5-22, 1921 (Address) Yuma

*In deaths from Violent Causes, state: (1), Means of Injury; and (2), Whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE

At place of death years months days

In Arizona years months days

Former or Usual Residence

Filed May 26, 1921 Mary A. Wupperman Local Registrar.

A True Copy

Filed 6/10, 1921 Dr. C. E. Rooney County Registrar.