

2287

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 334

County Yuma

District Yuma

Town or City Yuma

CERTIFICATE OF DEATH

County Registrar No. 186

No. 166 St. Local Registrar's No. 166
(If death occurred in a Hospital or Institution, give its name instead of street and number)

FULL NAME Alfonso Alcalá

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>White</u> Black Mexican	INDIAN OR CHINESE Indian Chinese	SINGLE MARRIED WIDOWED OR DIVORCED
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DATE OF BIRTH Aug 8 21
(Month) (Day) (Year)

AGE 3 28
yrs. mos. days hrs., or min.
If less than 1 day

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

BIRTHPLACE Yuma Ariz
(State or country)

NAME OF FATHER Francisco Alcalá

BIRTHPLACE OF FATHER Mexico
(State or country)

MAIDEN NAME OF MOTHER Lupe Casero

BIRTHPLACE OF MOTHER Mexico
(State or country)

The above is true to the best of my knowledge.

(Informant) [Signature]

(Address) Yuma Ariz

Place of Burial or Removal Yuma Cemetery Date of Burial or Removal 12/7 21

Undertaker [Signature] Address Yuma Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 21
(Month) (Day) (Year)

I hereby certify, that I attended deceased from 1921, to 1921; that I last saw h. alive on 1921, and that death occurred on the date stated above at 10:00 M. The DISEASE or INJURY causing death was as follows:

acute intestinal intobication
(Duration) yrs. 1 mos. days

(Was disease contracted in Arizona?) yes
If not, where?

CONTRIBUTORY (Duration) yrs. mos. days

(Signed) H. H. Kitcherside, M. D.
Dec 7, 1921 (Address) Yuma Ariz

*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 Dec 7, 1921 H. H. Kitcherside
Local Registrar.

A True Copy
Filed Jan 7, 1922 C. B. Rooney
County Registrar.

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.