

CERTIFICATE OF DEATH

REGISTRAR'S NO. **5542**

PUNCHED
VERIFIED

PLACE OF DEATH
HAND
RESIDENCE

DECEDENT
PERSONAL
DATA

CAUSE
OF
DEATH
(ITEM 18)

OPERATIONS,
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

205

BIRTH NO. <u>36512</u>		B. LENGTH OF STAY IN THIS TOWN <u>5 MOS.</u> IN ARIZONA <u>5 MOS.</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u>		REGISTRAR'S NO. 5542	
1. PLACE OF DEATH A. COUNTY <u>Yuma</u>		C. CITY OR TOWN <u>Yuma</u>		C. CITY OR TOWN <u>Yuma</u>		B. COUNTY <u>Yuma</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>731 2nd Street</u>		E. IS RESIDENCE ON A FARM? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>134 No 20th Ave.</u>			
3. NAME OF DECEASED A. (FIRST) <u>Philip</u> B. (MIDDLE) <u>Anthony</u> C. (LAST) <u>Alejandro</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>Mexican</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Never Married</u>		
6B. NAME OF SPOUSE <u>None</u>		7. DATE OF BIRTH MONTH <u>12</u> DAY <u>26</u> YEAR <u>1960</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>0</u>	IF UNDER 1 YEAR MONTHS <u>6</u> DAYS	IF UNDER 24 HRB. HOURS <u></u> MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>None</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>None</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u>	13. SOCIAL SECURITY NO. <u>None</u>		
14A. FATHER'S NAME <u>Pete Alejandro</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>New Mexico</u>	15A. MOTHER'S MAIDEN NAME <u>Josephine Williams</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		
16. INFORMANT'S SIGNATURE <u>Josephine Williams</u> <u>Josephine Williams, 134 No. 20th Avenue</u>			ADDRESS <u>134 No. 20th Avenue</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>June 26, 1961</u>		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		Yuma, Arizona I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>(A) Asphyxiation, due to Aspiration of Vomitus</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. <u>(B) Pneumonia, Right Lower Lobe</u> DUE TO (C) _____		MEDICAL CERTIFICATION <u>Immediate</u> <u>Unknown</u>		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <u>6/27/61</u>		19B. MAJOR FINDINGS OF OPERATION <u>Those above by Autopsy Surgeon</u>		20. AUTOPSY? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/>			
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Never</u> 19 <u>61</u> TO <u>Never</u> 19 <u>61</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Never</u> 19 <u>61</u> AND THAT DEATH OCCURRED AT <u>1:30 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE <u>Walter J. Beard Jr.</u> (DEGREE OR TITLE) <u>M.D.</u>		22B. ADDRESS <u>Yuma County Nursing Home, Yuma</u>		22C. DATE SIGNED <u>6/27/61</u>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <u>Accident</u> (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Home</u>		23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Yuma, Yuma, Arizona</u>			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>6/26/61 1:30 P.M.</u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR? <u>Victim apparently choked on own vomitus.</u>				
24A. CORONER'S SIGNATURE <u>Emel C. Byrd</u> Coronator			24B. ADDRESS <u>501 1st Street, Yuma, Ariz.</u>		24C. DATE SIGNED <u>6/27/61</u>		
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>6/27/61</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Yuma Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Yuma, Arizona</u>		
26A. DATE REC. BY LOCAL REG. <u>6-27-61</u>		26B. REGISTRAR'S SIGNATURE <u>Marie Nelson</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Dixon-Yuma Mortuary</u>		27B. ADDRESS <u>551 16th Street, Yuma</u>	
				28A. EMBALMER'S SIGNATURE <u>Ray Dixon</u>		28B. EMBALMER'S CERT. NO. <u>388</u>	