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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County <u>Yavapai</u>	BUREAU OF VITAL STATISTICS	State Index - - No. <u>323</u>	
District <u>Prescott</u>	ORIGINAL CERTIFICATE OF DEATH	County Registrar's No. _____	
Town or City <u>Prescott</u>	No. _____	Local Registrar's - No. _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2. FULL NAME <u>Infant of Mr. & Mrs. Francisco Espitia</u>			
(a) Residence. No. _____		St. _____ Ward _____	
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR or RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day and year) <u>Aug. 29, 1922</u>			
7. AGE	Years	Months	Days
			<u>4</u>
IF LESS than 1 day...hrs. or...min.			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____			
9. BIRTHPLACE (city or town) <u>Prescott</u> (State or country) <u>Arizona</u>			
10. NAME OF FATHER <u>Francisco Espitia</u>			
11. BIRTHPLACE OF FATHER (city or town) _____ (State or country) <u>Mexico</u>			
12. MAIDEN NAME OF MOTHER <u>Francisca Hernandez</u>			
13. BIRTHPLACE OF MOTHER (city or town) _____ (State or country) <u>Mexico</u>			
14. Informant <u>Francisco Espitia</u> (Address) <u>Prescott, Arizona.</u>			
15. <u>Severing S. Southworth</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day and year) <u>Aug. 28, 1922</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>Aug 27, 1922</u> to <u>Aug 28, 1922</u> , that I last saw him alive on <u>Aug 22, 1922</u> and that death occurred, on the date stated above, at _____ the CAUSE OF DEATH* was as follows: <u>Congenital defect of kidneys</u>			
(duration) _____ yrs. _____ mos. <u>4</u> ds.			
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.			
18. Where was disease contracted <u>Arizona</u> if not at place of death? _____			
Did an operation precede death? <u>no</u> Date of _____			
Was there an autopsy? <u>no</u>			
What test confirmed diagnosis? <u>none</u>			
(Signed) <u>Alfred J. ...</u> , M. D. 19 (Address) <u>Prescott, Ariz.</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Citizens Cemetery</u>		DATE OF BURIAL <u>8/24/22 19</u>	
20. UNDERTAKER <u>Lester Ruffner</u>		ADDRESS <u>Prescott, Az.</u>	

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