

474

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.

County Yuma BUREAU OF VITAL STATISTICS  
 District \_\_\_\_\_ CERTIFICATE OF DEATH  
 Town or City Yuma No. \_\_\_\_\_ County Registrar No. 319-337  
 (If death occurred in a Hospital or Institution, give its name instead of street and number) St. Local Registrar's No. 113  
 FULL NAME Rosa Mendez Wollerado

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Mexican SINGLE WIDOWED  
 MARRIED  
 DIVORCED

DATE OF BIRTH July 4 1905  
 (Month) (Day) (Year)

AGE 17 yrs. 3 mos. 4 days hrs., or min.  
 If less than 1 day \_\_\_\_\_

OCCUPATION Housewife  
 (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 Ramon Mendez

BIRTHPLACE OF FATHER Yuma Ariz  
 (State or country)

MAIDEN NAME OF MOTHER Agnes Mendez

BIRTHPLACE OF MOTHER Yuma Ariz  
 (State or country)

The above is true to the best of my knowledge.  
 (Informant) Johnson

Address Yuma Ariz  
 Date of Burial or Removal 10/9 1922

Undertaker Johnson Address Yuma Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8 22  
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Oct 7 1922, to Oct 8 1922, that I last saw he alive on Oct 7 1922 and that death occurred on the date stated above at 1:00 P.M. The DISEASE or INJURY causing death was as follows:

Pulmonary tuberculosis  
 (Duration) 6 yrs. 6 mos. 0 days

Was disease contracted in Arizona? yes  
 If not, where? \_\_\_\_\_

CONTRIBUTORY \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) H. Kitcherside, M. D.  
Oct 8 1922 (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 Oct 9 1922 Joseph H. Hoffman  
 Local Registrar.

A True Copy  
 Filed Nov 9 1922 C. E. Rooney M.D.  
 County Registrar.