

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS AN R—WHITE PLAINLY, WITH UNFADING INK—THIS IS A
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 Yuma
District _____
Town or City Yuma

BUREAU OF VITAL STATISTICS

State Index - - - No. 427
County Registrar's - No. 87
Local Registrar's - No. 62

ORIGINAL CERTIFICATE OF DEATH

No. Section House St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Carmen Perez
(a) Residence. No. Section House St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 5 mos. 20 ds.
(If nonresident, give city or town and State)
How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR or RACE Mexican 5. SINGLE, MARRIED, WID-
OWED or DIVORCED Single
(Write the word)
5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____
6. DATE OF BIRTH (month, day and year) _____
7. AGE Years Months Days IF LESS than
1 5 20 1 day ____ hrs.
or ____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business or establishment in which employed (or employer) _____
(c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 17 1923
17. I HEREBY CERTIFY, That I attended deceased from
May 17, 1923 to _____ 19____
that I last saw her alive on May 17, 1923
and that death occurred, on the date stated above, at 5:40 p.m.
The CAUSE OF DEATH* was as follows:
Acute intestinal
intoxication
(duration) _____ yrs. _____ mos. 19 ds.
CONTRIBUTORS (Secondary) none
(duration) _____ yrs. _____ mos. _____ ds.

PARENTS
9. BIRTHPLACE (city or town) Yuma
(State or country)
10. NAME OF FATHER Epifanio Perez
11. BIRTHPLACE OF FATHER _____
(State or country) Mexico (city or town)
12. MAIDEN NAME OF MOTHER Rita Miranda
13. BIRTHPLACE OF MOTHER _____
(State or country) Ariz. (city or town)

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? autopsy
(Signed) Elliott & Colby, M. D.
19 (Address) Yuma Ariz.

14. Informant (Address) Pedro Perez
15. Filed 5/18, 1923 H. W. Applegate
Local Registrar.
Filed 6/6, 1923 R. R. Knotts
County Registrar.
V. S. No. 1

19. PLACE OF BURIAL, CREMATION OR REMOVAL Yuma Cemetery
DATE OF BURIAL 5/18/23
UNDERTAKER O. Johnson
ADDRESS Yuma Ariz.

* 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.)