

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS AN ORIGINAL CERTIFICATE 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 Yuma
Town or City Yuma

BUREAU OF VITAL STATISTICS

State Index - - - No. 422
County Registrar's - No. 102
Local Registrar's - No. 71a

ORIGINAL CERTIFICATE OF DEATH

2. FULL NAME Alfonso Arviso

(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

2. SEX male 4. COLOR or RACE Mex 5. SINGLE, MARRIED, WIDOWED or DIVORCED WIDOWED
(Write the word)

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of 4-16-23

6. DATE OF BIRTH (month, day and year) _____

7. AGE Years 2 Months 12 Days _____ IF LESS than 1 day _____ hrs. _____ 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) Yuma Ariz (State or country)

10. NAME OF FATHER Francisco Arviso

11. BIRTHPLACE OF FATHER Mexico (city or town)

12. MAIDEN NAME OF MOTHER Marcella Parviz

13. BIRTHPLACE OF MOTHER Yuma Ariz (city or town)

14. Informant (Address) Yuma Ariz

15. Filed June 25, 1923 H. H. Hammerman Local Registrar.

Filed July 9, 1923 R. R. Knolls County Registrar.

V. S. No. _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) June 28 1923

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

that I last saw him alive on 4:00 P.M., 19____ and that death occurred, on the date stated above, at 4:00 P.M. The CAUSE OF DEATH* was as follows:

Stroke

(duration) yrs. mos. ds. _____

CONTRIBUTORY (Secondary) stomach complaint

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

What test confirmed diagnosis? _____ (Signed) J. H. Smith, M. D. (Address) _____

19. PLACE OF BURIAL, CREMATION OR REMOVAL Yuma Cemetery DATE OF BURIAL 6-30-23

20. UNDERTAKER Osborn ADDRESS Yuma