1928

MARGIN RESERVED FOR BINDING

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 541
County Registrar's - No. 55
Local Registrar's - No. 35

PLACE OF DEATH

1. County Yuma
District
Town or City Yuma No. St., Ward
(If death occurred in a hospital or ~~institution, give its~~ NAME instead of street number)

2. FULL NAME Leonor Armenta

(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 Female
4. COLOR or RACE Mexican
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Jany 31 1905

7. AGE Years 19 Months 1 Days 27 IF LESS than 1 day.....hrs. or.....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House maid
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Tucson Arizona

PARENTS

10. NAME OF FATHER Martin Rodriguez
11. BIRTHPLACE OF FATHER (State or country) Mexico (city or town)
12. MAIDEN NAME OF MOTHER Teresa Armenta
13. BIRTHPLACE OF MOTHER (State or country) Tucson (city or town)

14. Informant (Address) O. Johnson

15. Filed Mar 28, 1924 Mary A. Huffman Local Registrar.
Filed 4-9, 1924 R. R. Hunter County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 27 1924

17. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1924 to March 16, 1924

that I last saw h..... alive on ....., 19..

and that death occurred, on the date stated above, at 2:50 p.m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of tibia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

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?

(Signed) H. D. Ketcherside, M. D.

Mar 28 1924 (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.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Yuma Cemetery

DATE OF BURIAL 3/29 1924

20. UNDERTAKER O. Johnson

ADDRESS Yuma Ariz