4018

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. 420
County Registrar's - - No. 128
Local Registrar's - - - No. 97

PLACE OF DEATH

1. County Yuma
District Yuma
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 Conception Gonzalez

(a) Residence. No. ..... St., ... Ward.
(Usual place of abode) (If non-resident, 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)

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

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

7. AGE: Years 1 | Months 5 | Days | 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) Yuma
(State or country) Arizona

PARENTS

10. NAME OF FATHER Ramon Gonzalez
11. BIRTHPLACE OF FATHER (city or town) Arizona
(State or country)
12. MAIDEN NAME OF MOTHER Jesus Coz
13. BIRTHPLACE OF MOTHER (city or town) Arizona
(State or country)

14. Informant Carl Brunette
(Address) Yuma

15. Filed July 3, 1924 H. Wupperman
Local Registrar
Filed Aug 6, 1924 [signature]
County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) July 2nd 1924

17. I HEREBY CERTIFY, That I attended deceased from June 19th, 1924 to July 2nd, 1924, that I last saw him alive on July 2nd, 1924, and that death occurred, on the date stated above, at 8 p m.
The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia following measles
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) July 2nd 1924 J. D. Forest, M. D.
(Address) Yuma, Arizona.

* 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: 7/3 1924

20. UNDERTAKER: O. Johnson
ADDRESS: Yuma Ariz.