1688

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - - - - No. 536
County Registrar's - - No.
Local Registrar's - - - No. 67

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

1. County Yuma
District Yuma
Town or City Yuma St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Quenina Kaldman
(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) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of June 4 - 1866

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

7. AGE Years 18 Months 9 Days 20 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Mexico

PARENTS

10. NAME OF FATHER Florencio Carrillo
11. BIRTHPLACE OF FATHER (city or town) (State or country) Mexico
12. MAIDEN NAME OF MOTHER Neggarda Villareal
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Mexico

14. Informant (Address) O. Johnson Yuma

15. Filed March 25, 1925 Mary A. Wuppermann Local Registrar.
Filed ,19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 24 1925

17. I HEREBY CERTIFY, That I attended deceased from March 19, 1925 to Mch 19th, 1925
that I last saw her alive on Mch 19th, 1925
and that death occurred, on the date stated above, at 2:00 P. m.
The CAUSE OF DEATH* was as follows:
Cardio - vascular - renal disease
~~malignant ov~~
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) malignant ovarian tumors
(duration) ? yrs. mos. ds.

18. Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of none
Was there an autopsy? no
What test confirmed diagnosis? physical exam.
(Signed) Geo. C. Bryan, M. D.
Mch 25 1925 (Address) Yuma

* 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 3/25 1925
ADDRESS Yuma Ariz

20. UNDERTAKER O. Johnson

MARGIN RESERVED FOR BINDING. 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.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.