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MARGIN RESERVED FOR BINDING. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY CHECKED. THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. This is a permanent record. Every item of information should be carefully checked. This is a permanent record.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Yuma
District Somerton

BUREAU OF VITAL STATISTICS

State Index - - - - No. 524

County Registrar's - - No. _____

ORIGINAL CERTIFICATE OF DEATH

Local Registrar's - - - No. 114

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

2. FULL NAME Ignacio Alvarez

(a) Residence. No. _____ (Usual place of abode) St. _____ Ward _____ (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 male 4. COLOR or RACE _____ 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 Months Days IF LESS than 1 day hrs. or min. 3

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) Arizona (State or country)

10. NAME OF FATHER Ignacio Alvarez

11. BIRTHPLACE OF FATHER Mexico (city or town) (State or country)

12. MAIDEN NAME OF MOTHER Louisa Gutierrez

13. BIRTHPLACE OF MOTHER Mexico (city or town) (State or country)

14. Informant (Address) Carl Krummholz

15. Filed July 16, 1925 Hedderman Local Registrar.

Filed _____, 19 _____ County Registrar. V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) July 13, 1925

17. I HEREBY CERTIFY, That I attended deceased from _____, 19 _____ to _____, 19 _____ that I last saw him alive on _____

and that death occurred, on the date stated above, at _____ 4:30 p.m. The CAUSE OF DEATH* was as follows:

heat prostration

(duration) yrs. mos. ds. 194

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____ and an operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

(Signed) J. H. ... July 14, 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 July 16, 1925

20. UNDERTAKER P. C. Johnson ADDRESS Yuma