2710

MARGIN RESERVED FOR BINDING

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.

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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 418
County Registrar's - No.
Local Registrar's - No. 172

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 Francisco Alvarez
(a) Residence. No. Madison ave & 6th 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 Male
4. COLOR or RACE Mexican
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) married

5a. If married, widowed, or divorced HUSBAND of Dominga Alvarez
(or) ~~WIFE of~~ Oct 4 - 1871

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

7. AGE 54 Years | Months 2 | Days 2 | IF LESS than 1 day ..... hrs. or ..... min.

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

PARENTS

10. NAME OF FATHER Ramon Alvarez
11. BIRTHPLACE OF FATHER Mexico (city or town)
(State or country)
12. MAIDEN NAME OF MOTHER Guadalupe Noriega
13. BIRTHPLACE OF MOTHER Mexico (city or town)
(State or country)

14. Informant (Address) O. Johnson Yuma Ariz

15. Filed 12/8, 1925 H. Wupperman Deputy Local Registrar.
Filed ....., 19 ..... County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Dec 6 1925

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1925 to Dec 6, 1925
that I last saw ~~him~~ alive on Dec 6, 1925
and that death occurred, on the date stated above, at 1:05 P.M.
The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute indigestion
(duration) ..... yrs. ..... mos. 10 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? none
(Signed) E. G. Colby, M. D.
12-7 1925 (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 12/8 1925

20. UNDERTAKER O. Johnson
ADDRESS Yuma Ariz