1081

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 545
County Registrar's - No.
Local Registrar's - No.

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 Mercedes Downey
(a) Residence. No. 155 Gila Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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.
80			

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) (State or country) Altar Mexico

PARENTS

10. NAME OF FATHER Prudencio Mendoza
11. BIRTHPLACE OF FATHER (State or country) Mexico (city or town)
12. MAIDEN NAME OF MOTHER Rosa Silvas
13. BIRTHPLACE OF MOTHER (State or country) Mexico (city or town)

14. Informant (Address) O. Johnson Yuma Ariz

15. Filed Feb. 23 1926. Mary A. Muffermann Local Registrar.
Filed ....., 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 2/22/26

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1926 to Feb 22, 1926
that I last saw her alive on Feb 22, 1926
and that death occurred, on the date stated above, at 3:00 A.m.
The CAUSE OF DEATH* was as follows:
Bronchio Pneumonia
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) Bronchitis
(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? Physical findings
(Signed) R. R. Knotts, M. D.
2-23 1926 (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 2/23/26
20. UNDERTAKER O. Johnson
ADDRESS Yuma Ariz

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.