

2794

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**

1. County Yuma District Yuma Town or City Yuma

State Index - - - - No. 503  
County Registrar's - - No. 76  
Local Registrar's - - - No. 76

2. FULL NAME Margarite Altamiano  
(If death occurred in a hospital or institution, give its NAME instead of street number).  
No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(a) Residence. No. \_\_\_\_\_ (Usual place of abode) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>	4. COLOR or RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Widow</u>		16. DATE OF DEATH (month, day, and year) <u>May 25 19 76</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at <u>Tucson</u> , The CAUSE OF DEATH* was as follows: <u>Pneumonia</u>			
6. DATE OF BIRTH (month, day and year)				CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.			
7. AGE <u>65</u> Years		Months	Days	18. Where was disease contracted if not at place of death? <u>no</u>			
			IF LESS than 1 day _____ hrs. or _____ min.	Did an operation precede death? <u>no</u> Date of _____			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer				Was there an autopsy? <u>no</u>			
9. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>				What test confirmed diagnosis? <u>no</u> (Signed) <u>J. H. Bennett Crowder M.D.</u> (Address) <u>Yuma Ariz</u>			
10. NAME OF FATHER <u>Jesus Altamiano</u>				* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Violent, Suicidal, or Homicidal. (See reverse side for additional space.)			
11. BIRTHPLACE OF FATHER (State or country) (city or town) <u>Mexico</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Cemetery</u> DATE OF BURIAL <u>5/26/76</u>			
12. MAIDEN NAME OF MOTHER <u>Rafaela Taffajada</u>				20. UNDERTAKER <u>J. Johnson</u> ADDRESS <u>Yuma Ariz</u>			
13. BIRTHPLACE OF MOTHER (State or country) (city or town) <u>Mexico</u>							
14. Informant (Address) <u>J. Johnson</u>							
15. Filed <u>May 26, 19 76</u> by <u>Mary A. Wafford</u> Local Registrar.							
V. S. No. 1 _____				County Registrar.			