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BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH County Yuma State Arizona District or Township Yuma City Yuma No. (If death occurred in a hospital or institution, give its NAME instead of street and number).

State File No. 551 Registered No. 64

2. FULL NAME Dramundo Gloria (a) Residence No. (Usual place of abode) St. Ward 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 Single 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day and year) Apr 1 - 1925 7. AGE Years 1 Months 19 Days 19 IF LESS than 1 day hrs. or min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Child (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) Branley California (State or country) 10. NAME OF FATHER Juan Gloria 11. BIRTHPLACE OF FATHER (city or town) Mexico (State or country) 12. MAIDEN NAME OF MOTHER Dolores Sanchez 13. BIRTHPLACE OF MOTHER (city or town) Mexico (State or country)

MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH (month, day, and year) Apr 20 1937 17. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1937 to Apr 20, 1937 that I last saw him alive on Apr 20, 1937 and that death occurred, on the date stated above, at 4 a.m. The CAUSE OF DEATH* was as follows: Tubercular Pneumonia (duration) yrs. mos. 2 ds. CONTRIBUTORY (Secondary) (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? (Signed) W. H. Kuntz M. D. Apr 20 1937 (Address) Yuma Ariz.

14. Informant Juan Gloria (Address) Yuma Ariz. 15. Filed Apr 20, 1937 H. W. Humphreys Registrar. 19. PLACE OF BURIAL, CREMATION OR REMOVAL Yuma Cemetery 20. UNDERTAKER Juan Gloria Father in Charge ADDRESS Yuma Ariz. DATE OF BURIAL Apr 21 - 27

MARGIN RESERVED FOR BINDING. 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.

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