

400553

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.

PLACE OF DEATH **ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS

1. County Yuma State Index - - - - No. 515
 District Yuma County Registrar's - - No. _____
 Town or City Yuma No. _____ Local Registrar's - - No. 57
 (If death occurred in a hospital or institution, give its NAME instead of street number). Ward _____

ORIGINAL CERTIFICATE OF DEATH

2. FULL NAME Alberto E. ...
 (a) Residence. No. 11th Ave Ward _____
 (Usual place of abode) (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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>male</u>	4. COLOR or RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Single</u>			16. DATE OF DEATH (month, day, and year) <u>June 8 1927</u>	17. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>April 21 - 1927</u>					that I last saw h..... alive on _____, 19__	
6. DATE OF BIRTH (month, day and year)					and that death occurred, on the date stated above, at <u>6:00 P.</u> m. The CAUSE OF DEATH* was as follows:	
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	<u>acute intestinal intoxication</u> (duration) _____ yrs. _____ mos. <u>14</u> ds.	
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					CONTRIBUTORY (Secondary) <u>H.B.</u> (duration) _____ yrs. _____ mos. _____ ds.	
9. BIRTHPLACE (city or town) (State or country) <u>Yuma Ariz</u>					18. Where was disease contracted (if not at place of death) <u>H.B.</u>	
10. NAME OF FATHER <u>Gen. ...</u>					Did an operation precede death? <u>no</u> Date of _____	
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Mexico</u>					Was there an autopsy? <u>no</u>	
12. MAIDEN NAME OF MOTHER <u>Mrs. Lopez</u>					What test confirmed diagnosis? (Signed) <u>Dr. ...</u> M. D. <u>June 9 1927</u> (Address) <u>Yuma Ariz</u>	
13. BIRTHPLACE OF MOTHER (city or town) (State, or country) <u>Mexico</u>					* 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.)	
14. Informant (Address) <u>...</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Cemetery</u>	
15. Filed <u>June 9 1927</u> Local Registrar. Filed _____ 19__ V. S. No. 1 _____ County Registrar.					DATE OF BURIAL <u>6/9 1927</u> ADDRESS <u>...</u>	