2442

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

State Index - - - - - No. 600
County Registrar's - - No.
Local Registrar's - - - No. 421

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 Manuel Carabajal

(a) Residence. No. 307 - 2nd ave St., 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

3. SEX: male
4. COLOR or RACE: mexican
5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 9 - 1904

7. AGE Years 23 Months 5 Days 22 IF LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Yuma
(State or country) Arizona

PARENTS

10. NAME OF FATHER Ignacio Carabajal
11. BIRTHPLACE OF FATHER mexico (city or town)
(State or country)
12. MAIDEN NAME OF MOTHER Rosa Dominguez
13. BIRTHPLACE OF MOTHER mexico (city or town)
(State or country)

14. Informant O. Johnson
(Address) Yuma Ariz

15. Filed April 1, 1928 H. Wuppersdorf Dep. Local Registrar.
Filed ....., 19 County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 31 1928

17. I HEREBY CERTIFY, That I attended deceased from March 30, 1928 to March 31, 1928, that I last saw him alive on March 31, 1928 and that death occurred, on the date stated above, at 4:30 a.m.
The CAUSE OF DEATH* was as follows:
General Septicaemia from a mixed infection involving whole right cheek, eye and lip and neck (duration) ..... yrs. ..... mos. 10 ds.
CONTRIBUTORY (Secondary) Possibly Syphilitic
(duration) 24 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of March 30-28
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) George E. Shields, M. D.
April 1 1928 (Address) Yuma

* 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: 4/1 1928

20. UNDERTAKER: O. Johnson
ADDRESS: Yuma Ariz