3194

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item [illegible] fully 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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Yuma State Ariz State File No. 447

District or Township or Village Registered No. 26

City Somerton No. or

(If death occurred in a hospital or institution, give its NAME instead of street and number). St., Ward

2. FULL NAME Cecilia Guerrero Godines

(a) Residence. No. on Ranch 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. 8 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR or RACE Mexican

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) married

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

6. DATE OF BIRTH (month, day and year)

7. AGE 30 Years | Months | Days | IF LESS than 1 day ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(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) Mexico

PARENTS

10. NAME OF FATHER Juan Guerrero

11. BIRTHPLACE OF FATHER (State or country) Mexico (city or town)

12. MAIDEN NAME OF MOTHER Manuela Flores

13. BIRTHPLACE OF MOTHER (State or country) Mexico (city or town)

14. Informant [illegible]

(Address) Yuma Ariz

15. Filed 11 3 1928 P R Schuster Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 — 13 1928 (Month Day Year)

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 10 a.m. The CAUSE OF DEATH* was as follows:

Post partum Hemorrhage

3 hours (?)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Ignorant mid wife

(duration) ___ yrs. ___ mos. ___ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Objective

(Signed) Paul R. Schuster M. D.

10-13 1928 (Address) Somerton

* 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 10/14-28

20. UNDERTAKER [illegible]

ADDRESS Yuma Ariz