

2125

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

1. PLACE OF DEATH
County: Yuma Arizona
District or Township: Yuma
City: Yuma
2. FULL NAME: Epimena Alveda
(a) Residence, No. in Somerton St.
Length of residence in city or town where death occurred 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR or RACE: Mexican
5. SINGLE, MARRIED, WIDOWED or DIVORCED: Widowed
6. DATE OF BIRTH: 8-2
7. AGE: 82
8. OCCUPATION OF DECEASED: Housewife

9. BIRTHPLACE (city or town): Mexico
10. NAME OF FATHER: Jose Alveda
11. BIRTHPLACE OF FATHER: Mexico
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER: Not known

PARENTS

14. Informant: J. Johnson
15. Filed: 2-1-29

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan 23 1929
17. I HEREBY CERTIFY, That I attended deceased from saw once 1/20/1929 to 1/20/1929
that I last saw h. alive on 1/20/1929
and that death occurred, on the date stated above, at 11:00
The CAUSE OF DEATH* was as follows:

Lobar pneumonia
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)
18. Where was disease contracted?
Did an operation precede death? no
Was there an autopsy? no
What test confirmed diagnosis? Physical signs
(Signed) 1/24/1929 J.P. Forest, M.D.

* 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: 1/23-29
20. UNDERTAKER: J. Johnson
ADDRESS: Yuma

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.