1243

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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 531 V

Local Registrar's No. 20

1. PLACE OF DEATH

County Yuma State Arizona

District or Township Yuma or Village

City Yuma No. St., Ward

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

2. FULL NAME Samuel De Grande

(a) Residence, No. on Prison Hill 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) Feby 14 - 1928

7. AGE Years 1 Months 11 Days 18 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) Yuma (State or country) Arizona

PARENTS

10. NAME OF FATHER Frank De Grande

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

12. MAIDEN NAME OF MOTHER Sara Leroy

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

14. Informant O. S. Johnson (Address) Yuma Ariz

15. Filed Feb 4 1930 Mary A. Wuppermann Local Registrar.

3 25974

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feby 2 1930 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1930 to Feb 2, 1930 that I last saw him alive on Feb 1, 1930 and that death occurred, on the date stated above, at 4:30 P. The CAUSE OF DEATH* was as follows:

Entero. colitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(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?

(Signed) M. Cleary, M. D.

Feb 2 1930 (Address) Yuma Ariz

* 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 2/4-30

20. UNDERTAKER O. S. Johnson

ADDRESS Yuma Arizona