

3142

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.

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

1. PLACE OF DEATH
 County Yuma State Arizona State File No. 501
 Township Yuma or Village _____ Registered No. 187
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

2. FULL NAME Carmen Fernandez
 (a) Residence: No. 675 Madison Ave St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) <u>single</u>	21. DATE OF DEATH (month, day, and year) <u>November 11, 1930</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 21, 1930 to Nov 21, 1930</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>November 11, 1930</u>			I last saw <u>her</u> alive on <u>Nov 21, 1930</u> ; death is said to have occurred on the date stated above, at _____ m.		The principal cause of death and related causes of importance were as follows: <u>Purpura Hemorrhagica</u> Date of Onset <u>Nov 21</u>	
6. DATE OF BIRTH (month, day, and year)	7. AGE	Years	Months	Days	If LESS than 1 day _____ hrs. or _____ min.	
				<u>10</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>			11. Total time (years) spent in this occupation			Other contributory causes of importance:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
10. Date deceased last worked at this occupation (month and year)						
12. BIRTHPLACE (city or town) (State or country) <u>Yuma Arizona</u>			13. NAME <u>Manuel Fernandez</u>			Name of operation <u>None</u> Date of _____
14. BIRTHPLACE (city or town) (State or country) <u>Yuma Arizona</u>			15. MAIDEN NAME <u>Carmen Cota</u>			What test confirmed diagnosis? <u>Used</u> Was there an autopsy? <u>No</u>
16. BIRTHPLACE (city or town) (State or country) <u>Yuma Arizona</u>			17. INFORMANT <u>Dr. Johnson</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury _____, 19 ____
18. BURIAL, CREMATION, OR REMOVAL Place <u>Yuma</u> Date <u>11/22/30</u>			19. UNDERTAKER <u>Dr. Johnson</u>			Where did injury occur? <u>None</u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.
20. Filed <u>Nov 22, 1930</u> Registrar <u>Mary V. Humphreys</u>			24. Was disease or injury in any way related to occupation of deceased? <u>No</u>			Manner of injury _____ Nature of injury _____
			If so, specify _____			(Signed) <u>Dr. Johnson</u> , M. D. (Address) <u>Yuma Arizona</u>