593

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

State File No. 59

1. PLACE OF DEATH

County Yuma State Arizona Registered No. 192

Township Yuma or Village ..... or

City Yuma 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 Alexander Magdaleno

(a) Residence: No. Madison Ave & 6th St., ... Ward. ..... (If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Union

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Porfirio Magdaleno

14. BIRTHPLACE (city or town) mexico (State or country)

MOTHER

15. MAIDEN NAME Adelaida Hernandez

16. BIRTHPLACE (city or town) mexico (State or country)

17. INFORMANT O. C. Johnson (Address) Yuma Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Yuma Cemetery Date 12/6, 1930

19. UNDERTAKER O. C. Johnson (Address) Yuma Arizona

20. Filed Dec 16, 1930 Mary A. Hipperson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) December 5th, 1930

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930 to Dec 5, 1930

I last saw him alive on Dec 4, 1930; death is said to have occurred on the date stated above, at 3:30 am.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Lobar pneumonia	Nov 28 '30

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Physical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Calvin Eaton, M. D.

(Address) Yuma Arizona

...ry 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.