9902

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 517

Registered No. 29

1. PLACE OF DEATH

County Yuma State Arizona

Township Yuma or Village ..... or

City Yuma (If death occurred in a hospital or institution, give its NAME instead of street and number) No. ..... St., ... Ward

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 Hortencia Angulo

(a) Residence: No. 2nd ave + 11th St., ... Ward. (If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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 18-1930

7. AGE: Years ..... Months 11 Days 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Luciano Angulo

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

MOTHER

15. MAIDEN NAME Artemisa Velard

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

17. INFORMANT O. Johnson (Address) Yuma Ariz.

18. BURIAL, CREMATION, OR REMOVAL Place Yuma Cemetery Date 2/9 1931

19. UNDERTAKER O. Johnson (Address) Yuma Ariz.

20. Filed Feb 19 1931 Mary E. Hartman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feby 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1931 to Feb 7 1931

I last saw her alive on Feb 7 1931; death is said to have occurred on the date stated above, at 2:00 a.m.

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

Pneumonia

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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?

If so, specify .....

(Signed) Chester L. Stehman, M. D.

(Address) Yuma, Arizona

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.