

2486

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
Township Yuma or Village Yuma
City Yuma
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? 7 yrs. mos. ds.
2. FULL NAME Vicente Hernandez
(a) Residence: No. Yuma Arizona Ward (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE Mexican
5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) married
5a. If married, widowed or divorced HUSBAND of Petra Hernandez
6. DATE OF BIRTH (month, day, and year)
7. AGE 34 Years 10 Months 6 Days If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 12 1931
22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw him alive on 19...; death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:
accidental drowning
Other contributory causes of importance:

12. BIRTHPLACE (city or town) Mexico (State or country)
13. NAME Antonio Hernandez
14. BIRTHPLACE (city or town) Mexico (State or country)
15. MAIDEN NAME Jesus Medina
16. BIRTHPLACE (city or town) Mexico (State or country)
17. INFORMANT Dr. Johnson (Address)
18. BURIAL, CREMATION, OR REMOVAL Place Yuma Arizona Date 3/13 1931
19. UNDERTAKER Dr. Johnson (Address)
20. Filed March 13 1931 Mary A. Wafford Registrar.

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) E. A. Truman Coroner
(Address) Yuma Arizona