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MARGIN RESERVED FOR BINDING

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.

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

State File No. 490

1. PLACE OF DEATH

County Yuma State Arizona Registered No. 91

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 Manuel Ortiz

(a) Residence: No. 10th st & 1st ave St., ... Ward. (If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE American

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August 20-1866

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

7. AGE Years 64 Months 8 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Sonora (State or country) Mexico

FATHER

13. NAME Sostones Ortiz

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

MOTHER

15. MAIDEN NAME Dolores Santoyo

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

17. INFORMANT O. Johnson (Address) Yuma Ariz

18. BURIAL, CREMATION, OR REMOVAL Place Yuma Cemetery Date 5/17, 1931

19. UNDERTAKER O. Johnson (Address) Yuma Ariz

20. Filed May 17, 1931 Mary A. Wagerman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1931, to May 16, 1931

I last saw him alive on May 15, 1931; death is said to have occurred on the date stated above, at 12:10 a.m.

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

Acute Gastro Enteritis — Date of Onset: 8 days before

Other contributory causes of importance:

Severe Diarrhoea.

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? No.

If so, specify

(Signed) H. A. Reese, M. D.

(Address) Yuma, Arizona