

2131

MARGIN RESERVED FOR BINDING
N. B.—WRITE MAINLY, 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**

1. PLACE OF DEATH
 County Yuma State Arizona
 Township Yuma City Yuma or Village _____
 No. _____ State File No. 379
 Registered No. 155

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 Alonso Williams Arias
 (a) Residence: No. 11th Ave St. _____ Ward _____
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS (If nonresident give city or town and State)

3. SEX <u>male</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>August 26 1931</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____	6. DATE OF BIRTH (month, day, and year) <u>August 19 31</u>	7. AGE Years _____ Month _____ Days <u>7</u> If LESS than 1 day, _____ hr. or _____ min.	22. I HEREBY CERTIFY, That I attended deceased from _____ I last saw _____ alive on <u>Aug 26 1931</u> ; death is said to have occurred on the date stated above, at <u>10:45 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Chloral hydrate poisoning Aug 25.</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>	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) (State or country) Yuma Arizona

13. NAME Andres Arias

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

15. MAIDEN NAME Dorothy Graham

16. BIRTHPLACE (city or town) (State or country) Oakland California

17. INFORMANT (Address) Dr. J. L. ...

18. BURIAL, CREMATION, OR REMOVAL Place Yuma Arizona Date Aug 27 1931

19. UNDERTAKER (Address) Yuma Arizona

20. Filed Aug 27 1931 Registrar Mary C. ...

Other contributory causes of importance: Age

Name of operation None Date of _____

What test confirmed diagnosis? Usual 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) A. P. ... M. D. Yuma Arizona