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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 State File No. 4638
 Township Gadsden or Village _____ Registered No. 66
 City _____ 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 Adolfo Castro
 (a) Residence: No. Gadsden Arizona (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
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>January 26</u> , 19 <u>32</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>March 26-1930</u>				22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ I last saw h..... alive on _____, 19____; death is said to have occurred on the date stated above, at <u>10:00 P.</u>	
6. DATE OF BIRTH (month, day, and year) <u>1 / 10</u>				The principal cause of death and related causes of importance were as follows:	
7. AGE Years: _____ Months: <u>10</u> Days: _____ If LESS than 1 day... hrs. or... min.		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>		Date of Onset	
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)		Other contributory causes of importance:	
11. Total time (years) spent in this occupation		12. BIRTHPLACE (city or town) (State or country) <u>Gadsden Arizona</u>		Name of operation _____ Date of _____	
13. NAME <u>Jose Castro</u>		14. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____	
15. MAIDEN NAME <u>Sorana Lopez</u>		16. BIRTHPLACE (city or town) (State or country) <u>Yuma Arizona</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide <u>suicide</u> Date of injury, <u>1-26-32</u> Where did injury occur? <u>Gadsden Ariz</u> (Specify city or town, county and State)	
17. INFORMANT (Address) <u>Dr. J. P. ...</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u>Yuma Arizona</u> Date <u>1/28/32</u>		Specify whether injury occurred in industry, in home, or in public place <u>Public place - very high</u>	
19. UNDERTAKER (Address) <u>Yuma Arizona</u>		20. Filed <u>2-6-32</u> 19 <u>32</u> Registrar		Manner of injury _____ Nature of injury _____ Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>W. P. ...</u> M.D. (Address) <u>... Arizona</u>	