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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. 460
Township Yuma or Village _____ Registered No. 169
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 Procadio Dymill Macias
(a) Residence: No. 249, wooden bank St. _____ Ward _____
(Usual place of abode) (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) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of May 24-1932

6. DATE OF BIRTH (month, day, and year) _____
7. AGE Years _____ Months 5 Days 6 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Procadio Macias

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

15. MAIDEN NAME Belфия Ariola

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

17. INFORMANT (Address) Mary A. Stephens

18. BURIAL, CREMATION, OR REMOVAL Place Yuma Date Nov 5, 1932

19. UNDERTAKER (Address) O. Johnson

20. Filed Nov 5, 1932 Registrar Mary A. Stephens

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1932 to Nov. 1, 1932

I last saw him alive on Nov. 1, 1932; death is said to have occurred on the date stated above, at 1:25 P.M.

The principal cause of death and related causes of importance were as follows:
Gastroenteritis Date of Onset 5 mos. ago.

Other contributory causes of importance:
Bottle fed baby

None of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____

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) Harry A. Reese M. D.

(Address) Yuma, Ariz.