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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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Yuma State ARIZONA State File No. 494
 Township _____ or Village _____ Registered No. 97
 City Yuma No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
 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 Isabel Alcantor How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. Yuma Ariz St., _____ Ward _____ (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
July 8 1934

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

7. AGE Years _____ Months _____ Days 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 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) _____ (state or country) Winterhaven California

MOTHER
 13. NAME Faustino Alcantor
 14. BIRTHPLACE (city or town) _____ (State or country) Mexico
 15. MAIDEN NAME Dolores Amezcua
 16. BIRTHPLACE (city or town) _____ (State or country) Mexico

FATHER
 17. INFORMANT Faustino Alcantor (Address) Yuma, Arizona
 18. BURIAL, ~~PREPARATION, OR REMOVAL~~ Yuma Cemetery Date 7/18/34
 19. UNDERTAKER The Johnson mortuary (Address) Yuma, Arizona

20. Filed July 18, 1934 Mary D. Wupperman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) _____, 1934
 22. I HEREBY CERTIFY, That I attended deceased from July 8, 1934 to July 10, 1934
 I last saw h/im alive on July 10, 1934; death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Heat Prostration Date of Onset 8 to 10
Th. 34
 Other contributory causes of importance: Did not nurse well.

Name 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:
 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) Harry A. Reese M. D.
 (Address) Amerton, Ariz.

20M 4-16-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information