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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. _____

1. PLACE OF DEATH Yuma COUNTY _____ STATE ARIZONA REGISTERED NO. 21
TOWNSHIP _____ OR VILLAGE _____ OR _____ WARD _____
CITY _____ NO. _____ (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 5 YRS. 36 MOS. 36 DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? 36 YRS. 36 MOS. 36 DS.
2. FULL NAME Felipa Morales HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
Laguna Arizona (A) RESIDENCE: NO. _____ (USUAL PLACE OF ABODE) ST. _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>female</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD) <u>married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>February 9 1935</u>	19
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ WIFE OF _____ <u>Juan Morales</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Feb 6</u> , 19 <u>35</u> , TO <u>Feb 9</u> , 19 <u>35</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 15 1887</u>				I LAST SAW HIM ALIVE ON _____, 19____, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>8:55 a</u> M.	
7. AGE	YEARS	MONTHS	DAYS	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
<u>48</u>			<u>24</u>	<u>Pulmonary T.B.</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Hwf.</u>				DATE OF ONSET <u>1932</u>	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>None</u>	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				NAME OF OPERATION _____ DATE OF _____	
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION				WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>No</u>	
12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) <u>Mexico</u>				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____	
13. NAME _____				WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) <u>Mexico</u>				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
15. MAIDEN NAME <u>Santos Melendez</u>				MANNER OF INJURY _____	
16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) <u>Mexico</u>				NATURE OF INJURY _____	
17. INFORMANT (ADDRESS) <u>Ramon Arias</u> <u>Route 3 Yuma Arizona</u>				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u>	
18. BURIAL PLACE <u>Laguna Cemetery</u> DATE <u>2/10/35</u>				IF SO, SPECIFY _____ (SIGNED) _____ M. D.	
19. EMBALMER (LICENSE NO. _____) SIGNATURE <u>John J. Johnson</u> FUNERAL DIRECTOR <u>John J. Johnson</u> ADDRESS <u>Yuma Arizona</u>				REGISTRAR (ADDRESS) <u>Mary L. Thompson</u>	
20. FILED <u>Feb 10, 1935</u>				BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION <u>COVES</u>	