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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

STATE FILE NO. 578  
REGISTERED NO. 52

1. PLACE OF DEATH  
COUNTY Yuma STATE ARIZONA

TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR  
CITY Yuma NO. 15th Ave. Yuma Arizona ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(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 40 YRS. MOS. DS. HOW LONG IN S. IF OF FOREIGN BIRTH \_\_\_\_\_ YRS. MOS. DS.  
2. FULL NAME Luis Abril HOW LONG IN STATE WHEN DEATH OCCURRED 40 YRS. MOS. DS.

(A) RESIDENCE: NO. Yuma, Arizona ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)  
(USUAL PLACE OF ABODE)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isabel Abril  
(Unknown) 1878

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
<u>about 57</u>				

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.  
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Laborer

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 COUNTY) Colton Calif.

13. NAME Luis Abril

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Colton Calif.

15. MAIDEN NAME Isabel Leon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico

17. INFORMANT Luis Abril  
(ADDRESS) Yuma, Arizona

18. BURIAL PLACE Yuma Cemetery DATE 3/28/35, 1935

19. EMBALMER (LICENSE NO. 19)  
SIGNATURE The Johnson mortuary  
FUNERAL DIRECTOR Yuma Arizona  
ADDRESS March 28, 1935, Mary A. Johnson

20. FILED March 28, 1935, Mary A. Johnson REGISTRAR (ADDRESS) Yuma Arizona

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27/35, 1935

I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM July 1, 35, TO Mar 27, 35

I LAST SAW HIM ALIVE ON about 3/5, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5:30A M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:  
Pulmonary tuberculosis DATE OF ONSET 1934?

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: 17

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:  
ACCIDENT, SUICIDE, OR HOMICIDE? No 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  
SO, SPECIFY (SIGNED) John W. Stacy, M. D. (ADDRESS) Yuma Arizona