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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.

MARGIN RESERVED FOR BINDING

**STANDARD CERTIFICATE OF DEATH**      **Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS      STATE FILE NO. \_\_\_\_\_

1. PLACE OF DEATH  
 COUNTY Yuma      STATE ARIZONA      REGISTERED NO. 188  
 TOWNSHIP \_\_\_\_\_      OR VILLAGE \_\_\_\_\_      OR \_\_\_\_\_  
 CITY Yuma      NO. \_\_\_\_\_      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 18 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.      HOW LONG IN U. S. OF FOREIGN BIRTH 18 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 2. FULL NAME Rosalio Alvarez      HOW LONG IN STATE WHEN DEATH OCCURRED 18 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 (A) RESIDENCE: NO. Yuma Arizona      ST. \_\_\_\_\_      WARD \_\_\_\_\_      (IF NON-RESIDENT 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>married</u>		1. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>December 30 1935</u>	
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Simona H. Alvarez</u>				2. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Dec 23 1935</u> TO <u>Dec 30 35</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>				I LAST SAW HIM ALIVE ON <u>Dec 23 1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>9:20 a.m.</u>	
7. AGE <u>about 70</u>	YEARS	MONTHS	DAYS	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Pneumonia</u> <u>Dec 20 1935</u> <u>Hypostasis</u> <u>1935</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>laborer</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____	
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 COUNTY) <u>Mexico</u>					
13. NAME <u>Leandro Alvarez</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>					
15. MAIDEN NAME <u>unknown</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>unknown</u>					
17. INFORMANT (ADDRESS) <u>Jose Alvarez</u> <u>Gen. Del Fresno California</u>					
18. BURIAL, CREMATION, OR REINTERMENT PLACE <u>Yuma Cemetery</u> DATE <u>12/31/35</u>					
19. EMBALMER (LICENSE NO. <u>19A</u> ) FUNERAL DIRECTOR <u>The Johnson Mortuary</u> ADDRESS <u>Yuma Arizona</u>					
20. FILED <u>Dec 31 1935</u> <u>Mary H. Huffer</u> REGISTRAR					
				NAME OF OPERATION <u>Clinical</u> DATE OF _____	
				WHAT TEST CONFIRMED DIAGNOSIS? <u>clinical</u> WAS THERE AN AUTOPSY? <u>no</u>	
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILE IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 19____ WHERE DID INJURY OCCUR? _____ <small>(SPECIFY CITY OR TOWN, COUNTY AND STATE)</small>					
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? <u>no</u>					
IF SO, SPECIFY (SIGNED) <u>John W. Hacey</u> M. D. (ADDRESS) <u>Yuma Arizona</u>					