4704

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 vel / important.

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. 594

REGISTERED NO. 15

1. PLACE OF DEATH

COUNTY Yuma STATE ARIZONA OR

TOWNSHIP Yuma OR VILLAGE WARD

CITY NO. ST.,

(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 10 YRS. MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.

2. FULL NAME Elias Sanchez Gloria HOW LONG IN STATE WHEN DEATH OCCURRED? 10 YRS. MOS. DS.

(A) RESIDENCE: NO. Yuma Valley ST., WARD (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE ~~Same~~ Mexican

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~OR WIFE OF~~ Chonita Gloria

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1913

7. AGE YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
22	9	14	

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. laborer

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) Elephant Butte (STATE OR COUNTY) New Mexico

FATHER

13. NAME Juan Gloria

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

MOTHER

15. MAIDEN NAME Sostenes Sanchez

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

17. INFORMANT Juan Gloria (ADDRESS) Route 2 Yuma Arizona

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE Yuma Cemetery DATE 1/18/36 19

19. EMBALMER { LICENSE NO. 19A { SIGNATURE E. Johnson

FUNERAL DIRECTOR The Johnson Mortuary ADDRESS Yuma Arizona

20. FILED Jan 18, 1936 Mary [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17 1936, 19

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 17 1935, 19, TO Jan 17, 1936 I LAST SAW HIM ALIVE ON 1-17, 1936, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3:00 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

	DATE OF ONSET
Pulmonary tuberculosis	1934

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMOCIDE? 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) [illegible] M. D.

(ADDRESS) Yuma Ariz.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—11-22-34—REP-GAZ PRINTERY—FORM 3