

4706

STANDARD CERTIFICATE OF DEATH Arizona State Board of Health 596

BUREAU OF VITAL STATISTICS STATE FILE NO. _____

1. PLACE OF DEATH
 COUNTY Yuma STATE ARIZONA REGISTERED NO. 17
 TOWNSHIP _____ OR VILLAGE _____
 CITY Yuma NO. 115 Orange Ave. Yuma, Arizona 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 5-7 YRS. _____ MOS. _____ DS. _____

2. FULL NAME Rosa ~~Carabajal~~ Carbajal HOW LONG IN STATE WHEN DEATH OCCURRED 57 YRS. _____ MOS. _____ DS. _____

(A) RESIDENCE: NO. 115-Orange Ave Yuma ST. _____ WARD _____

(USUAL PLACE OF ABODE) (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) Widowed

5A. IF ~~MARRIED~~ WIDOWED, OR ~~DIVORCED~~ Feb. 21, 1864 Ignacio Carabajal 1864

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

7. AGE 71 YEARS 11 MONTHS 2 DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

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. _____

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Hermosillo (STATE OR COUNTY) Mexico

13. NAME Cinriano Dominguez

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

15. MAIDEN NAME Jesus Palma

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

17. INFORMANT Frank Delgado (ADDRESS) 115 Orange Ave. Yuma, Ariz.

18. BURIAL, CREMATION, OR DISPOSAL PLACE Yuma Cemetery DATE 1/21/36 19 _____

19. EMBALMER LICENSE NO. 193 SIGNATURE [Signature] FUNERAL DIRECTOR [Signature] ADDRESS [Address]

20. FILED Jan 21, 1936 Mary C. Whippleman (SIGNED) [Signature] M. D. _____ (ADDRESS) Yuma Ariz.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/19/36 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 1-6 1936 TO 1-19 1936

LAST SAW her ALIVE ON 1-19 1936 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2:30A M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Endocarditis DATE OF ONSET 1935

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 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? _____

IF SO, SPECIFY _____

(SIGNED) [Signature] M. D. _____ (ADDRESS) Yuma Ariz.

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.