2959

595

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO.

REGISTERED NO. 64

1. PLACE OF DEATH

COUNTY Yuma STATE ARIZONA

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 74 YRS. MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 74 YRS. MOS. DS.

2. FULL NAME Salome Moreno HOW LONG IN STATE WHEN DEATH OCCURRED? 74 YRS. MOS. DS.

(A) RESIDENCE: NO. 16th Ave & First St ST., WARD.

(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Manuel Moreno

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 12 1861

7. AGE YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
74	6	13	

OCCUPATION

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

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) Mexico

FATHER

13. NAME Antonio Villa

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

MOTHER

15. MAIDEN NAME Juliana Estrada

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

17. INFORMANT Mrs Ignacio Higuera

(ADDRESS) 3rd St & 10th Ave Yuma

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Yuma Cemetery DATE 3/27/36

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

FUNERAL DIRECTOR The Johnson Mortuary

ADDRESS Yuma Arizona

20. FILED Mar 27, 1936 Mary A. Huffman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 1936, 19

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Mar 24, 1936 TO Mar 25, 1936

I LAST SAW HER ALIVE ON Mar 25, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3:25 p M.

THE FRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	DATE OF ONSET
Pulmonary Tuberculosis	?
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	

NAME OF OPERATION None DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Phys findings WAS THERE AN AUTOPSY? No

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) Pelin Eaton, M. D.

(ADDRESS) Yuma Ariz

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—7-24-35—REP-GAZ PRINTERY—FORM 3