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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

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. _____

1. PLACE OF DEATH
COUNTY Yuma STATE ARIZONA REGISTERED NO. 7878
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 _____ YRS. 11 MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Jose Inez Morales HOW LONG IN STATE WHEN DEATH OCCURRED _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. North Gila Valley ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
(USUAL PLACE OF ABODE)

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>single</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 7 1936</u>	19____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 7 1935</u>					I LAST SAW <u>him</u> ALIVE ON <u>5 Apr 36</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>8:45 P</u> M.	
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Child</u>					<u>Branchial Pneumonia</u>	
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>Arizona</u>						
13. NAME <u>Enriquez Morales</u>						
14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) <u>Mexico</u>						
15. MAIDEN NAME <u>Placida Chavez</u>						
16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) <u>Arizona</u>						
17. INFORMANT <u>Enriquez Morales</u> (ADDRESS) <u>Route 3 Yuma Arizona</u>						
18. BURIAL, CREMATION, OR REMOVAL _____ PLACE <u>Laguna Cemetery</u> DATE <u>4/8/36</u>						
19. EMBALMER LICENSE NO. <u>19A</u> SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR <u>The Johnson Mortuary</u> ADDRESS <u>Yuma Arizona</u>						
20. FILED <u>April 8 1936</u> <u>Mary D. Hufferman</u> REGISTRAR						
					NAME OF OPERATION <u>none</u> 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? <u>no</u>						
IF SO, SPECIFY (SIGNED) <u>Charles T. Wilson</u> M. D. (ADDRESS) <u>Yuma Arizona</u>						

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION