

2364

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

STATE FILE NO. 524

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 COUNTY Yuma STATE ARIZONA REGISTERED NO. 133
 TOWNSHIP _____ OR VILLAGE _____
 CITY _____ NO. _____ WARD _____
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME, INST. NO., OF TREATMENT AND NUMBER)

LENGTH OF RESIDENCE
 IN CITY OR TOWN, WHERE DEATH OCCURRED, YRS. MOS. DS. HOW LONG IN U.S. IF FOREIGN BIRTH, YRS. MOS. DS.
 2. FULL NAME Francisco Jaracho Madaleno HOW LONG IN STATE WHEN DEATH OCCURRED? Y. MOS. DS.

(A) RESIDENCE: NO. 15th Ave Yuma Ariz. ST. _____ WARD _____
 (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY, TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Encencion Madaleno
 (WIFE OF) October 4, 1945

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN.
70 8 29

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Tanner
 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) 1945/1948 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

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

13. NAME Francisco Madaleno
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico

15. MAIDEN NAME Cecilia Jaracho
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico

17. INFORMANT (ADDRESS) Frank G. Madaleno
Box 27 Yuma Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Yuma Cemetery DATE 7/15/46

19. EMBALMER (LICENSE NO. _____) SIGNATURE [Signature]
 FUNERAL DIRECTOR The Johnson Company
Yuma Arizona
 ADDRESS _____

20. FILED July 4, 1946 Mary A. Hoffmann REGISTERED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1946
 22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM June 30, 1946 TO July 3, 1946
 I LAST SAW HIM ALIVE ON _____, 19____, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Infected embolism to Brain. DATE OF ONSET July 3, 1946

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Infected left foot just got healed for small wound place.

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? Accident DATE OF INJURY 6/15/46
 WHERE DID INJURY OCCUR? Yuma (SPECIFY CITY OR TOWN, COUNTY AND STATE)
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE in home
 MANNER OF INJURY just bumped his foot
 NATURE OF INJURY abraded area.

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No.
 IF SO, SPECIFY (SIGNER) Howard M. E. Groat M. D.
 (ADDRESS) 821 - H. A. Ave

10M-7-24-35-REP-GAZ PRINTERY—FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION