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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. 471

1. PLACE OF DEATH  
 COUNTY Yuma STATE ARIZONA REGISTERED NO. 190  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR  
 CITY Yuma NO. Yuma General Hospital 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. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 2. FULL NAME Cornelia Ariaz HOW LONG IN STATE WHEN DEATH OCCURRED? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 (A) RESIDENCE: NO. Laguna, Arizona ST. \_\_\_\_\_ WARD Laguna ARIZONA  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>MARRIED</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct. 11, 1936</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>WIFE OF</u> <u>Ramon Ariaz</u>					22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>May 26, 1936</u> TO <u>Oct. 11, 1936</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 16, 1916</u>					I LAST SAW <u>Her</u> ALIVE ON <u>Oct. 10, 1936</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>3:45 P.M.</u>		
7. AGE YEARS <u>20</u> MONTHS _____ DAYS <u>25</u> IF LESS THAN 1 DAY, _____ HRS. _____ OR _____ MIN.			8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>			23. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Pulmonary Tuberculosis.</u> <u>1 yr. past.</u>	
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) <u>Tucson</u> (STATE OR COUNTY) <u>Arizona</u>					OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Hemorrhages</u>		
13. NAME <u>Juan Morales</u>					NAME OF OPERATION <u>none</u> DATE OF _____		
14. BIRTHPLACE (CITY OR TOWN) <u>Mexico</u> (STATE OR COUNTY)					WHAT TEST CONFIRMED DIAGNOSIS? <u>Exam.</u> WAS THERE AN AUTOPSY? <u>no</u>		
15. MAIDEN NAME <u>Felipa Morales</u>					23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____		
16. BIRTHPLACE (CITY OR TOWN) <u>Mexico</u> (STATE OR COUNTY)					WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)		
17. INFORMANT <u>Ramon Ariaz</u> (ADDRESS) <u>Laguna, Arizona</u>					SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Laguna Cemetery</u> DATE <u>10/12/36</u> 19____					MANNER OF INJURY <u>None</u> NATURE OF INJURY <u>None</u>		
19. EMBALMER <u>H. A. Reese</u> LICENSE NO. <u>19A</u> SIGNATURE <u>The H. A. Reese Co.</u> FUNERAL DIRECTOR <u>1000 W. Yuma</u> ADDRESS _____					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF _____ IF SO, SPECIFY <u>Harry A. Reese,</u> (SIGNED) _____, M. D. <u>Yuma, Ariz.</u> (ADDRESS)		
20. FILED <u>Oct 13, 1936</u> <u>Margaret W. Hughesman</u> REGISTRAR							