

2214

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

1. PLACE OF DEATH
 COUNTY Yuma STATE ARIZONA STATE FILE NO. 652
 TOWNSHIP _____ OR VILLAGE _____ REGISTERED NO. 231
 CITY Yuma NO. _____ ST. _____ WARD _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF NO. AND NUMBER)
 IN CITY OR TOWN WHERE DEATH OCCURRED 15 YRS. 6 MOS. 10 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YES _____ MOS. _____ DS. NO _____
 2. FULL NAME Eiren Medrano HOW LONG IN STATE WHEN DEATH OCCURRED? 12 YRS. 6 MOS. 10 DS.
 (A) RESIDENCE: NO. Yuma Arizona ST. _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>male</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26 1921</u>				
7. AGE		YEARS <u>15</u>	MONTHS <u>6</u>	DAYS <u>10</u>
		IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>School</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) (STATE OR COUNTY) <u>Yuma Arizona</u>				
FATHER	13. NAME <u>Juan Medrano</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>			
MOTHER	15. MAIDEN NAME <u>Eurelia Valdez</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>			
17. INFORMANT <u>Juan Medrano</u> (ADDRESS) <u>Yuma Arizona</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Yuma Cemetery</u> DATE <u>12/7/36</u>				
19. EMBALMER FUNERAL DIRECTOR		LICENSE NO. <u>19A</u> SIGNATURE <u>[Signature]</u> <u>The Johnson Mortuary</u>		
ADDRESS <u>Yuma Arizona</u>		20. FILED <u>Dec 8, 1936</u> <u>Mary A. Whipple</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
December 6 1936

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Dec 2, 1936 TO Dec 6, 1936
 I LAST SAW HIM ALIVE ON Dec 5, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3:16 a M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Pulmonary Tuberculosis
 DATE OF ONSET 3
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____ DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical 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? No
 IF SO, SPECIFY _____ (SIGNED) [Signature] M. D.
 (ADDRESS) 905 Orange Ave

10M-7-24-35-REP-GAZ PRINTERY-FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION