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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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** STATE FILE NO. **653**
 BUREAU OF VITAL STATISTICS REGISTERED NO. **232**

1. PLACE OF DEATH
 COUNTY Yuma STATE ARIZONA
 TOWNSHIP _____ OR VILLAGE _____
 CITY Yuma (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) _____ OR _____ WARD _____

2. FULL NAME Carolina M. Rivera
 (A) RESIDENCE: NO. Andrade California ST. _____ (USUAL PLACE OF ABODE) _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE) _____

PERSONAL AND STATISTICAL PARTICULARS
 3. SEX female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED (WIFE OF) Joe H. Rivera
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1912
 7. AGE YEARS 24 MONTHS 6 DAYS 3 IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
 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) Potholes California
 13. NAME Jesus Pina
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ajo Arizona
 15. MAIDEN NAME Carolina Mendez
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Yuma Arizona
 17. INFORMANT (ADDRESS) Joe H. Rivera Andrade California
 18. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Potholes California DATE 12/7/36
 19. EMBALMER (ADDRESS) _____ LICENSE NO. _____ SIGNATURE [Signature]
 FUNERAL DIRECTOR (ADDRESS) _____ SIGNATURE [Signature]
 20. FILED Dec 8, 1936 REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 6 1936, 19____
 22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____
 I LAST SAW HIM ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 7:00 p M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Purpural Fever DATE OF ONSET 11/30/36
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____
 NAME OF OPERATION _____ DATE OF _____
 WHAT TEST Blood test CONFIRMED DIAGNOSIS _____ 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 _____
 IF SO, SPECIFY _____ (SIGNED) Chuter L. Williams M.D. (ADDRESS) Yuma Arizona