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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		BUREAU OF VITAL STATISTICS		STATE FILE NO. _____	
1. PLACE OF DEATH				COUNTY <u>Yuma</u> STATE <u>ARIZONA</u>		REGISTERED NO. <u>2510</u>	
TOWNSHIP _____ OR VILLAGE _____				CITY <u>Yuma</u> NO. <u>Yuma General Hospital</u> 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 <u>II</u> YRS. _____ MOS. _____ DS. _____				HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS. _____			
2. FULL NAME <u>Elizabeth Gloria</u>				HOW LONG IN STATE WHEN DEATH OCCURRED? <u>11</u> YRS. _____ MOS. _____ DS. _____			
(A) RESIDENCE: NO. <u>Yuma Arizona</u> ST. _____ WARD _____				(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>female</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>March 20 1918</u>							
7. AGE <u>19</u> YEARS		<u>7</u> MONTHS		<u>24</u> DAYS		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>Calexico California</u>							
FATHER	13. NAME <u>Juan Gloria</u>						
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>						
MOTHER	15. MAIDEN NAME <u>Sostones Sanchez</u>						
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>						
17. INFORMANT (ADDRESS) <u>Juan Gloria Route 2 Yuma Arizona</u>							
18. BURIAL PLACE <u>Yuma Cemetery</u> DATE <u>II/15/37</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>Nov 15, 1937</u> <u>[Signature]</u> REGISTRAR							
MEDICAL CERTIFICATE OF DEATH				21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>November 14 1937</u> , 19 <u>37</u>			
22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>Nov 14, 1937</u> TO <u>Nov 14, 1937</u>							
I LAST SAW HIM ALIVE ON <u>Nov 14, 1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>1:15 a</u> M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:							
<u>Pulmonary Tuberculosis</u> 19 <u>34</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____							
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? _____ DATE OF INJURY _____, 19 <u>37</u>							
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>[Signature]</u> M. D.							
(ADDRESS) <u>Yuma Ariz</u>							