2292

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. 1590

STATE ARIZONA REGISTERED NO. 47

1. PLACE OF DEATH

COUNTY Yuma OR VILLAGE

TOWNSHIP Yuma NO. Yuma General Hospital ST., WARD

CITY (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 54 YRS. MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS. HOW LONG IN STATE WHERE DEATH OCCURRED? 54 YRS. MOS. DS.

2. FULL NAME Dolores Ortiz Baker

(A) RESIDENCE: NO. Yuma Arizona ST., WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

59

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 ~~HUSBAND OF~~ (OR) WIFE OF Ed Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 3 1871

7. AGE 67 YEARS 3 MONTHS 2 DAYS IF LESS THAN 1 DAY, HRS. OR MIN.

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Hwife

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) Mexico

FATHER

13. NAME Sostones ~~Ortiz~~ Ortiz

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

MOTHER

15. MAIDEN NAME ~~[illegible]~~ Santoyo

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

17. INFORMANT Lucy Baker

(ADDRESS) Yuma Arizona

18. BURIAL, CREMATION, OR REMOVAL

PLACE Yuma Cemetery DATE 4/6/38, 19

19. EMBALMER LICENSE NO. 19A SIGNATURE [illegible]

FUNERAL DIRECTOR The Johnson Mortuary

ADDRESS Yuma Arizona

20. FILED April 6, 1938 Mary A. Huffman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1938, 19

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM April 1, 1938, TO April 5, 1938, LAST SAW HER ALIVE ON April 4, 1938; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5.00 a M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: | DATE OF ONSET

Chronic hypertensive Cardio-vascular renal disease. Diabetes mellitus. ?

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

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) John T. Stanley, M. D.

(ADDRESS) Yuma, Arizona

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—1-25-36—FORM 3—100% RAG