2857

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. 525

1. PLACE OF DEATH

County Yuma State ARIZONA Registered No. 11

Township ..... or Village ..... or

City Somerton No. ..... St. ..... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fabiana Hernandez How long in State when death occurred? 20 yrs. ..... mos. ..... ds.

(a) Residence: No. Somerton Arizona St., ... Ward. .....

(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) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vicente Hernandez

6. DATE OF BIRTH (month, day, and year) Nov 20 - 1843

7. AGE Years 94 Months 6 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwfe

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 Country) Mexico

FATHER

13. NAME Carlos Ortega

14. BIRTHPLACE (city or town) (State or Country) Mexico

MOTHER

15. MAIDEN NAME Petra Ortega

16. BIRTHPLACE (city or town) (State or Country) Mexico

17. INFORMANT (Address) Ricardo Hernandez Somerton Arizona

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Yuma Cemetery Date 5/22.38 19

19. EMBALMER License No. 19 Signature O. Johnson

FUNERAL DIRECTOR The Johnson Mortuary

Address Yuma Arizona

20. Filed May 23, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1938 to ~~April~~ May 20 1938

I last saw her alive on May 20, 1938 death is said to have occurred on the date stated above, at 11:55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral Hemorrhage	4-5-38

Other contributory causes of importance:

Right Hemiplegia

Arteriosclerotic Hypertensive heart disease

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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 deceased? No

If so, specify .....

(Signed) A. I. Podolsky, M. D.

(Address) Somerton, Arizona

10M—7-20-37—Sims—Form 3—100% RAG

Back of Certificate to be used for any Additional Information