2183

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. 509

Registered No. 43

1. PLACE OF DEATH

County: Yuma State: ARIZONA

Township: or Village: or

City: Yuma No. Yuma General Hospital 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: 18 yrs. mos. ds. How long in U. S. if of foreign birth? 44 yrs. mos. ds.

How long in State where death occurred? 34 yrs. mos. ds.

2. FULL NAME: Marta Carrillo Alcala Zapata

(a) Residence: No. Yuma 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): married

5a. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of: Julio Alcala

6. DATE OF BIRTH (month, day, and year): unknown

7. AGE: Years 58 Months Days If LESS than 1 day, hrs. or min.

about

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 Country): Mexico

FATHER

13. NAME: Pedro Carrillo

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

MOTHER

15. MAIDEN NAME: ~~Mercedes Reyes~~

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

17. INFORMANT (Address): Celestino Zapato Yuma Arizona

18. BURIAL, ~~CREMATION OR REMOVAL~~ X

Place: Yuma Cemetery Date: 3/14/39, 19

19. EMBALMER: License No. Signature: C. E. Johnson

FUNERAL DIRECTOR: The Johnson Mortuary

Address: Yuma Arizona

20. Filed: March 14, 1939 Mary A. Huffman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 12, 1939, 19

I HEREBY CERTIFY, That I attended deceased from Feby 15, 1939, to Mar. 12, 1939

I last saw he alive on Mar 11, 1939; death is said to have occurred on the date stated above, at 4:00 a m.

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

	Date of Onset
Abscess of lung	Dec 1938

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis: Xrays 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:

Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John D. Stacey, M. D.

(Address) Yuma Ariz

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Back of Certificate to be used for any Additional Information