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485

STANDARD CERTIFICATE OF DEATH

### Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. \_\_\_\_\_ Registered No. 100

1. PLACE OF DEATH  
 County Yuma State ARIZONA  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
 City Yuma No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give NAME instead of street and number)

Length of residence in city or town where death occurred 9 mos. 19 ds. How long in U.S. if of foreign birth? 9 mos. 19 ds.  
 How long in State when death occurred? 9 mos. 19 ds.

2. FULL NAME Juan Alvarez  
 (a) Residence: No. Yuma Arizona St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>male</u>	4. COLOR OR RACE <u>Yaqui Ind</u>	5. SINGLE, MARRIED, WID- OWED, or DIVORCED, (Write the word) <u>single</u>		21. DATE OF DEATH (month, day, and year) <u>June 10, 1939</u>	19 <u>39</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>August 21, 1916</u>				I HEREBY CERTIFY, That I attended deceased from <u>Jan 28, 1939</u> to <u>6-10, 1939</u>	
6. DATE OF BIRTH (month, day, and year)				I last saw <u>him</u> alive on <u>6-10, 1939</u> death is said to have occurred on the date stated above, at <u>1:00 p</u>	
7. AGE <u>22</u> Years	<u>9</u> Months	<u>19</u> Days	If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows: <u>Pol. T. B.</u> Date of Onset <u>1935</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>				Other contributory causes of importance: <u>None</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				Name of operation _____ Date of _____	
10. Date deceased last worked at this occupation (month and year) _____				What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
11. Total time (years) spent in this occupation _____				23. If death was due to external causes (violence) fill in also the fol- lowing: 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.	
12. BIRTHPLACE (city or town) _____ (State or Country) <u>ARIZONA</u>				Manner of injury _____ Nature of injury _____	
13. NAME <u>Gil Alvarez</u>				24. Was disease or injury in any way related to occupation of deceased? If so, specify _____	
14. BIRTHPLACE (city or town) _____ (State or Country) <u>Mexico</u>				(Signed) <u>M. D.</u> <u>Yuma, Arizona</u>	
15. MAIDEN NAME <u>Jesus Romero</u>				M. D. <u>Yuma, Arizona</u>	
16. BIRTHPLACE (city or town) _____ (State or Country) <u>Mexico</u>				19 <u>39</u>	
17. INFORMANT <u>Gil Alvarez</u> (Address) <u>Yuma Arizona</u>				20. Filed <u>June 16, 1939</u> Registrar <u>Mary A. Wupperman</u>	
18. BURIAL, OCCUPATION, OR CREMATION Place <u>Yuma Cemetery</u> Date <u>6/10/39</u>					
19. EMBALMER { License No. <u>19A</u> Signature <u>[Signature]</u> The Johnson Mortuary FUNERAL DIRECTOR <u>Yuma Arizona</u> Address _____					

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.