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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. 498
Registered No. 185

1. PLACE OF DEATH
County Yuma State ARIZONA
Township _____ or Village _____
City Yuma No. _____ 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 _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Erminia Aguilar How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
(a) Residence: Yuma, Arizona (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>female</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>single</u>		21. DATE OF DEATH (month, day, and year) <u>December 13 1939</u> , 19	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 8</u> , 19 <u>39</u> , to <u>Dec. 17</u> , 19 <u>39</u> . I last saw her alive on <u>Dec. 17</u> , 19 <u>39</u> ; death is said to have occurred on the date stated above, at <u>9:00a</u> m.	
6. DATE OF BIRTH (month, day, and year) <u>February 12 1939</u>				The principal cause of death and related causes of importance were as follows: <u>Dysentery & Enteritis</u> Date of Onset <u>Nov 23, 1939</u>	
7. AGE		Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
			<u>10</u>	<u>1</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Child</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 Country)		<u>Yuma Arizona</u>			
FATHER	13. NAME		<u>Frank Aguilar</u>		
	14. BIRTHPLACE (city or town) (State or Country)		<u>Mexico</u>		
MOTHER	15. MAIDEN NAME		<u>Eva Delcid</u>		
	16. BIRTHPLACE (city or town) (State or Country)		<u>Yuma Arizona</u>		
17. INFORMANT (Address)		<u>Francisco Aguilar Gen, Del. Yuma Arizona</u>			
18. BURIAL, CREMATION OR REMOVAL Place		<u>Yuma Cemetery Date 12/14/39</u>			
19. EMBALMER { License No. <u>19A</u> Signature: <u>[Signature]</u> FUNERAL DIRECTOR <u>The Johnson Mortuary</u> Address: <u>Yuma Arizona</u>		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 _____			
20. Filed <u>Dec 15 1939</u>		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>[Address]</u>			

21. DATE OF DEATH (month, day, and year) December 13 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1939, to Dec. 17, 1939.
I last saw her alive on Dec. 17, 1939; death is said to have occurred on the date stated above, at 9:00a m.

The principal cause of death and related causes of importance were as follows:
Dysentery & Enteritis Date of Onset Nov 23, 1939

Other contributory causes of importance:
Athrepsia ulcer

Name of operation none 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) [Signature] M. D.
(Address) [Address]