

9640

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. 488
Registered No. 17

1. PLACE OF DEATH
 County Yuma State ARIZONA
 Township _____ or Village _____
 City Yuma No. Yuma General Hospital or _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
 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 Maria Luisa Aguilar How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: Bard, Calif. Bard, Calif.
 (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 Domingo
 HUSBAND of Bard, Calif. Aguilar
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Feb. 28, 1919

7. AGE Years 20 Months 11 Days 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Bard, Calif.
 (State or Country)

13. NAME Luis Vasquez

14. BIRTHPLACE (city or town) Picacho Calif.
 (State or Country)

15. MAIDEN NAME Francisca Sortillion

16. BIRTHPLACE (city or town) Tumco Calif.
 (State or Country)

17. INFORMANT Domingo Aguilar
 (Address) Bard, Calif.

18. BURIAL, CREMATION, OR REMOVAL
 Place Yuma Cemetery Date 2/12/40

19. EMBALMER { License No. _____ Signature The Galluson
 FUNERAL DIRECTOR The Galluson
 Address _____

20. Filed Feb 12 1940 Registrar Henry A. Wupperman
 (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 11. 40

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1940, to Feb 11, 1940.

I last saw her alive on Feb 11, 1940 death is said to have occurred on the date stated above, at 3:20 A.

The principal cause of death and related causes of importance were as follows: Shock - Post Partum Date of Onset _____

Other contributory causes of importance:
Patient of deep labor with out medical supervision
Pelvic measurements too small

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical as 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? _____
 If so, specify _____

(Signed) J. Lloyd Waller M. D. L.
 (Address) 245 Orange and Yuma, Ariz