

554

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.

**SOCIAL SECURITY NO.**  
**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
County Yuma State ARIZONA Registered No. 98  
Township Yuma or Village \_\_\_\_\_  
City \_\_\_\_\_ 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 22 yrs. 25 mos. 22 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2. FULL NAME Juana Morales Quintero 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>married</u>		21. DATE OF DEATH (month, day, and year) <u>May 25, 1940</u>	
5a. If married, widowed, or divorced <u>WIFE of Alexander Quintero</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>May 18, 1940</u> to <u>May 25, 1940</u> I last saw her alive on <u>May 24, 1940</u> ; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>T. B Meningitis</u> Date of Onset <u>May 16, 1940</u>	
6. DATE OF BIRTH (month, day, and year) <u>May 23, 1913</u>				10. Date deceased last worked at this occupation (month and year) _____	
7. AGE <u>27</u> Years	Months	Days <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.	11. Total time (years) spent in this occupation _____	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hwfe</u>				12. BIRTHPLACE (city or town) (State or Country) <u>Mexico</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				13. NAME <u>Pablo Morales</u>	
10. Date deceased last worked at this occupation (month and year) _____				14. BIRTHPLACE (city or town) (State or Country) <u>Mexico</u>	
12. BIRTHPLACE (city or town) (State or Country) <u>Mexico</u>				15. MAIDEN NAME <u>Petra Esparza</u>	
13. NAME <u>Pablo Morales</u>				16. BIRTHPLACE (city or town) (State or Country) <u>Mexico</u>	
14. BIRTHPLACE (city or town) (State or Country) <u>Mexico</u>				17. INFORMANT (Address) <u>Alexander Quintero Rt 3 Box 29 Yuma Arizona</u>	
15. MAIDEN NAME <u>Petra Esparza</u>				18. BURIAL, CREMATION, OR EXHUMATION <u>Burial</u> Place <u>Laguna Cemetery</u> Date <u>5/26/40</u>	
16. BIRTHPLACE (city or town) (State or Country) <u>Mexico</u>				19. EMBALMER { License No. _____ Signature <u>O. Johnson</u> FUNERAL DIRECTOR <u>The Johnson Mortuary</u> Address <u>Yuma Arizona</u>	
17. INFORMANT (Address) <u>Alexander Quintero Rt 3 Box 29 Yuma Arizona</u>				20. Filed <u>May 25, 1940</u> Registrar <u>Mary L. Whippleman</u> (Address) <u>Yuma Arizona</u>	
18. BURIAL, CREMATION, OR EXHUMATION <u>Burial</u> Place <u>Laguna Cemetery</u> Date <u>5/26/40</u>				23. If death was due to external cause (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 _____	
19. EMBALMER { License No. _____ Signature <u>O. Johnson</u> FUNERAL DIRECTOR <u>The Johnson Mortuary</u> Address <u>Yuma Arizona</u>				24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____	
20. Filed <u>May 25, 1940</u> Registrar <u>Mary L. Whippleman</u> (Address) <u>Yuma Arizona</u>				Name of operation <u>none</u> What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>	

10M-5-25-39 A.P. Form 3 100% Rag Back of Certificate to be used for any Additional Information