ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 493
Registrar's No. 1032

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits write RURAL) (c) Location 945-3rd St (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 29 yrs ; In Arizona 29 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Sonora ; (b) County Yuma ; (c) City or Town Yuma (If outside city limits write RURAL)

(d) Street No. 945-3rd St (e) If foreign born, in U. S. A. 29 yrs.

3. (a) FULL NAME Celestina Carrillo Denton (b) If veteran, name war (c) Social Security No. None (If NONE write the word)

4. Sex Female 5. Color or Race American 6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband or wife Frank H Denton 6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased April 6 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 4 If less than one day hrs. min.

9. Birthplace Ocampo Chihuahua Mexico (City, town or county) (State or Country)

10. Usual Occupation Hope

11. Industry or Business

Father: 12. Name Florencio Carrillo
13. Birthplace Unknown Mexico (City, town or county) (State or Country)

Mother: 14. Maiden Name Lugarda Enriquez
15. Birthplace Unknown Mexico (City, town or county) (State or Country)

16. (a) Informant's own signature Walter G Denton
(b) Address 945-3rd St Yuma

17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Cemetery (c) Date 6/11 1940

18. (a) Embalmer's Signature O. J. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma Arizona

19. (a) June 10 1940 (Date received local Registrar)
(b) Mary A. Hufferman (Registrar's Signature)

5M 100% Rag 1-1-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 6/10, 1940;
TIME (Hour and minute) 9:45 A M.

21. I hereby certify that I attended the deceased from June 1, 1940 to 6/10, 1940, that I last saw her alive on 6/10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Chronic Nephritis
Due to Myocarditis

DURATION: about 1 week

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? no (e) Means of injury

23. Signature Charles T. Welsh M.D.
Address 167 E 2nd St Yuma Arizona Date signed 6/10/40