

1565

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

438

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_  
Registrar's No. 113

1. Place of Death: (a) County Yuma (b) City or Town Rural (c) Location Gila Valley  
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 3 mo 25 days; In Arizona 3 mo 25 days  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma; (c) City or Town Rural  
(If outside city limits write RURAL)  
(d) Street No. \_\_\_\_\_ (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
3. (a) FULL NAME Beatrice Torres Morales (b) If veteran \_\_\_\_\_ (c) Social Security No. None  
(If NONE write the word)

4. Sex Female 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased March 8 1940  
(Month) (Day) (Year)  
8. AGE: Years | Months | Days | If less than one day  
3 | 25 | \_\_\_\_\_ | hrs. min.  
9. Birthplace Yuma Yuma, Arizona  
(City, town or county) (State or Country)  
10. Usual Occupation Child  
11. Industry or Business none  
12. Name Fidencio Morales  
13. Birthplace Sasco Arizona  
(City, town or county) (State or Country)  
14. Maiden Name Juana Torres  
15. Birthplace \_\_\_\_\_ Mexico  
(City, town or county) (State or Country)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) July 2, 1940;  
TIME (Hour and minute) 10:30 P M.  
21. I hereby certify that I attended the deceased from June 29, 1940 to July 3, 1940;  
that I last saw her alive on June 29, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Pertussis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

DURATION  
June 29  
1940

16. (a) Informant's own signature Fidencio Morales  
(b) Address Route # 3 Box 15A Yuma, Arizona  
17. (a) Burial, Cremation or Removal Buried  
(b) Place Laguna Cemetery (c) Date 7/3/40 19\_\_\_\_  
18. (a) Embalmer's Signature The Johnson Mortuary  
(b) Funeral Director Juana Torres  
(c) Address Yuma Arizona  
19. (a) July 3 1940  
(Date received by Registrar)  
(b) Mary D. Wupperman  
(Registrar's Signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Salvador M.D.  
Address Yuma, Ariz. Date signed July 3, 1940