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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. .....
Registrar's No. 174

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

(d) Length of Stay: In Hospital or Institution None (Specify whether years, months or days); In Community — 2 days; In Arizona — 2 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. Rural; (e) If foreign born, in U. S. A. ....yrs.

3. (a) FULL NAME Roy Angulo (b) If veteran name war ..... (c) Social Security No. none (If NONE write the word)

4. Sex male | 5. Color or Race mexican | 6. (a) Single, married, widowed or divorced Infant

6. (b) Name of husband or wife — | 6. (c) Age of husband or wife, if alive ....yrs.

7. Birthdate of deceased Nov (Month) 6 (Day) 1940 (Year)

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

9. Birthplace Island Yuma Arizona (City, town or county) (State or Country)

10. Usual Occupation — Infant

11. Industry or Business — None

Father: 12. Name Celestino Angulo
13. Birthplace Ehrenberg Arizona (City, town or county) (State or Country)

Mother: 14. Maiden Name Virginia Vasquez
15. Birthplace Yuma Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature Virginia Vasquez
(b) Address Yuma Arizona

17. (a) Burial, Cremation or Removal Removal Burial
(b) Place Parker Calif. (c) Date 11/8 1940

18. (a) Embalmer's Signature C. C. Johnson
(b) Funeral Director The Johnson mortuary
(c) Address Yuma Arizona

19. (a) November 10, 1940 (Date received local Registrar)
(b) Mary A. Huffnerman (Registrar's Signature)

5M 100% Rag 1-1-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 11-8 1940;
TIME (Hour and minute) 10:30 p.m. M.

21. I hereby certify that I attended the deceased from Birth, 19.... to Death, 19....; that I last saw him alive on 7th Nov., 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: ~~Infant died with mother's death~~ ~~Was born to accidental~~
Due to Smothering
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: operations
Was autopsy

DURATION: 11/8/40

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) accident
(b) Date of occurrence Nov. 8, 1940
(c) Where did injury occur? Yuma (City or Town) Yuma (County) Arizona (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Smothering

23. Signature Robert Sturges M.D. M.D.
Address Yuma Ariz. Date signed 11/10 40