

1121

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 581

Registrar's No. 185

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location In ambulance on way
 (d) Length of Stay: In Hospital or Institution _____ (If outside city limits also write RURAL) (St. & No. (or) Name of Institution) _____
 2. Usual Residence of Deceased: (a) State Arizona (Specify whether years, months or days) _____; In Arizona _____
 (d) Street No. 5th St + 11th Ave (b) County Yuma (c) City or Town Yuma
 3. (a) FULL NAME Cosme Hernandez (e) If foreign born, in U. S. _____ yrs. _____
 (c) Social Security No. 7000152 (NONE write the word)

4. Sex male 5. Color of Race Hispanic 6. (a) Single, married, widowed or divorced married
 6. (c) Age of husband _____ wife, if alive 40 yrs.
 7. Birthdate of deceased Sept 27 1880
 8. AGE: Years 60 Months 2 Days 4 If less than one day _____ hrs. _____ min. _____
 9. Birthplace Mexico (City, town or county) _____ (State or Country) _____
 10. Usual Occupation Ice Cream Vendor
 11. Industry or Business Retail
 12. Name Cruz Hernandez
 13. Birthplace Mexico (City, town or county) _____ (State or Country) _____
 14. Maiden Name Ramona Alvarez
 15. Birthplace Mexico (City, town or county) _____ (State or Country) _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH (Month, day and year) Dec 31, 1940
 TIME (Hour and minute) 11:00 P.M.
 21. I hereby certify that I attended the deceased from _____
 _____, 19____ to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

DURATION 12-1-40
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Alexandra Hernandez
 (b) Address Box 1145 Yuma Ariz
 17. (a) Burial, Cremation or Removal Burial
 (b) Place Yuma Cemetery (c) Date 1 7 6 19 40
 18. (a) Embalmer's Signature O. Johnson
 (b) Funeral Director The Johnson Company
 (c) Address Yuma Arizona
 19. (a) December 6, 1940 (Date received local Registrar)
 (b) Mary A. Sufferman (Registrar's Signature)

Immediate cause of death Fractured Skull
 Due to auto accident
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy None

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide or homicide (specify) Auto Accident
 (b) Date of occurrence 12-31-40
 (c) Where did injury occur? Yuma Yuma Arizona
 (City or Town) (County) (State)
 (d) Did injury occur in or about home, on farm, or industrial place, in public place? Public Highway
 (Specify type of place)
 While at work? yes (e) Means of injury Struck by auto
 23. Signature M. Casper
 Address 443-1st St. Yuma, Arizona Date signed 12/5/40