1739

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 523
Registrar's No. 7

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

(d) Length of Stay: In Hospital or Institution 1 day; In Community 16 da ys (Specify whether years, months or days); In Arizona 16 days

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

(d) Street No.

3. (a) FULL NAME Ramon Jose Fernandez (b) If veteran name war (c) Social Security No. none (If NONE write the word); (e) If foreign born, in U. S. A. yrs.

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	Mexican	Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased December 22, 1940 (Month) (Day) (Year)

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

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

10. Usual Occupation Child

11. Industry or Business none

Father
12. Name Simon Fernandez
13. Birthplace Mexico (City, town or county) (State or Country)

Mother
14. Maiden Name Lenor Baker
15. Birthplace Yuma, Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature Simon Fernandez
(b) Address Box 687 Yuma, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Cemetery (c) Date 1/8/41 19

18. (a) Embalmer's Signature F. W. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma, Arizona

19. (a) Jan 8 1941 (Date received Local Registrar)
(b) Mary A. Fuhrman (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) January 7, 1941; TIME (Hour and minute) 12:10 P M M.

21. I hereby certify that I attended the deceased from 12/22, 19 40 to 1/7, 19 41; that I last saw h alive on 1/7, 19 41; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Premature Birth.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

DURATION

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? (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 Charles F. Wilson M. D.
Address Yuma, Ariz. Date signed 1/7/41