

527

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

512

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location 10th Ave & 5th St  
 (If outside city limits also write RURAL)

(d) Length of Stay: In Hospital or Institution Home; In Community 3 mos 19 days; In Arizona 3 mos 19 days  
 (Specify whether years, months or 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. 10th Ave & 5th St

3. (a) FULL NAME Pedro Reyes Grijalva (b) if veteran name war None (c) Social Security No. None  
 (If NONE write the word)

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

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

7. Birthdate of deceased January 6 1941  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 3 Days 19 If less than one day hrs \_\_\_\_\_ min \_\_\_\_\_

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

10. Usual Occupation Chief Librarian

11. Industry or Business None

Father { 12. Name Pedro Grijalva  
 13. Birthplace Mexico  
 (City, town or county) (State or Country)

Mother { 14. Maiden Name Helen Gardner  
 15. Birthplace Yuma, Yuma, Arizona  
 (City, town or county) (State or Country)

16. (a) Informant's own signature Pedro Grijalva  
 (b) Address Yuma Arizona

17. (a) Burial, Cremation or Removal Burial  
Yuma Cemetery  
 (b) Place \_\_\_\_\_ (c) Date 4/26/41

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

19. (a) April 26 1941  
 (Date received local Registrar)

(b) Mary A. Sufferman  
 (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 25, 1941, 19\_\_\_\_; TIME (Hour and minute) 12:15 p M.

21. I hereby certify that I attended the deceased from 4/25, 1941 to 4/25, 1941; that I last saw him alive on 4/25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Branchial Pneumonia

Due to \_\_\_\_\_

Other conditions (includes pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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? no (Specify type of place) \_\_\_\_\_

While at work? no (e) Means of injury \_\_\_\_\_

23. Signature Charles L. Wilbur M.D. Address Yuma, Ariz. Date signed 4/26/41

DURATION

12:15 p

PHYSICIAN

Underline the cause to which death should be charged statistically.