

7112

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. 558

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Yuma General Hospital

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location Yuma General Hospital  
(If outside city limits also write RURAL)  
(d) Length of Stay: In Hospital or Institution 6 hrs; In Community 26 yrs 8 mos 28 days in Arizona 26 yrs 8 mos 28 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. First St & 16th Ave (e) If foreign born, in U. S. A. 527-03-8420 yrs  
3. (a) FULL NAME Enrique Arviso, (Henry) (b) If veteran name war 76 (c) Social Security No. 526-18-0213  
(If NONE write the word)

4. Sex male 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced married  
6. (b) Name of husband or Frank Arviso 6. (c) Age of husband or wife, if alive 22 yrs.  
7. Birthdate of deceased August 5 1914  
(Month) (Day) (Year)  
8. AGE: Years 26 Months 8 Days 28 If less than one day hrs min  
9. Birthplace Laguna Yuma Arizona  
(City, town or county) (State or Country)

10. Usual Occupation laborer construction  
11. Industry or Business construction  
12. Name Frank Arviso  
13. Birthplace Arizona  
(City, town or county) (State or Country)  
14. Maiden Name Antonia Chavez  
15. Birthplace Mexico  
(City, town or county) (State or Country)

16. (a) Informant's own signature Vina Arviso  
Gen. Del. Yuma Arizona  
(b) Address

17. (a) Burial, Cremation or Removal Burial  
Yuma Cemetery (c) Date 5/4/41  
(b) Place  
18. (a) Embalmer's Signature The Johnson Mortuary  
(b) Funeral Director Yuma Arizona  
(c) Address

19. (a) May 4, 1941 received local Registrar  
(b) Mary A. Hufferman (Registrar's Signature)  
20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 3 1941  
TIME (Hour and minute) 5:05 P M  
21. I hereby certify that I attended the deceased from 10 AM May 3  
1941 to 5 PM May 2, 1941  
that I last saw him alive on May 3, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Shock  
Due to Severe Contusion & laceration  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

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) accident  
(b) Date of occurrence 5/2/41  
(c) Where did injury occur? Yuma Yuma Arizona  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial  
(Specify type of place)  
While at work? yes (e) Means of injury fall in cement mixer  
23. Signature John Waller M.D. Date signed 5/4/41  
Address Yuma, Arizona